A Course of Lectures ON PAIN,

AND THE

THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST IN ACCIDENTS & SURGICAL DISEASES.

Delivered in the Theatre of the Royal College of Surgeons.

By JOHN HILTON, Esq., F.R.S.,

SURGEON TO GUY'S HOSPITAL,
PROFESSOR OF ANATOMY AND SURGERY TO THE ROYAL COLLEGE OF SURGEONS.

LECTURE IV.—(Part II.)

In order to show the practical application of the views I have just advanced, I may mention a case that occurred last year. A gentleman, aged sixty-three, came to consult me regarding an ulcer situated upon the left side of his tongue. On examination, I there found an elongated, very ugly-looking ulcer, nearly as large as a bitter almond, and of much the same shape. The surrounding parts were swollen, hard, red, and much inflamed, and a lymphatic gland was enlarged below the horizontal ramus of the lower jaw on the same side. I saw in the mouth a rugged tooth, with several projecting points upon it, opposite the ulcer. This gentleman observed to me, "Having suffered a good deal from earache on the left side for a long time, without experiencing any relief from medical treatment, it was thought that I must be gouty, and I went to a surgeon who treats gouty affections of the ear. This surgeon paid great attention to my ear, but certainly did not do it the slightest degree of good. I accidentally mentioned to him that I had had for some time past something the matter with my tongue. On seeing it, he immediately began to apply caustic vigorously; moreover, not satisfied with applying it himself, he gave it to my wife, that she might apply it at home. I have gone on in this way from day to day until the pain in my ear is very considerably increased, and the ulcer on my tongue is enlarging: so I have come to you for your opinion regarding my state; for, to tell you the truth, I am afraid of a cancer in my tongue." I thought I saw the explanation of this patient's symptoms. The pain in the ear was expressed by the fifth cerebral nerve, and there was a rugged tooth with little projections upon it, some of which opposed and touched a small filament of the lingual-gustatory branch of the fifth cerebral nerve in the surface of the ulcer. I detected this little filament by placing upon it the end of a blunt probe. It was situated near the centre of the ulcer, and was by far its most exquisitely painful part. This exposed nerve caused the pain in the auditory canal which led him to go to the aurist, and the aurist, instead of confining himself to his own department, seized the tongue, put nitrate of silver upon the whole of the ulcer, and increased the mischief. I simply desired that the ulcer should be left at rest; that the patient should not talk nor move his tongue more than necessary, so as to avoid touching the tooth; that he should wash his mouth with some poppy fomentation, and take a little soda and sarsaparilla twice a day. In three days about one-third of the ulcer was healed up, actually cicatrized, the enlarged gland nearly gone, and the earache much diminished.

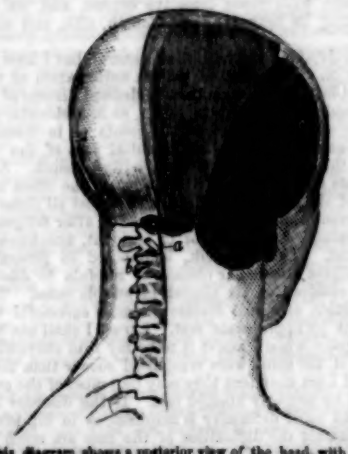
This rapid improvement might appear something like exaggeration, but all surgeons know that the tongue has those elements within it which contribute to the most rapid repair of injury. I do not know any tissue that repairs itself more rapidly. It is abundantly supplied with capillaries filled with arterial blood, and has an enormous distribution of nerves, and those are the two elements that contribute to rapid reparation. It was quite clear that the treatment was in the right direction—viz., that of giving rest to the tongue and ulcer. After a few more days I requested him to consult a dental surgeon with respect to the propriety of taking off the points of the tooth. This was afterwards done, and the patient soon lost his anxiety about cancer, his earache, and all the severe indications he before had experienced.

I mention this case to point out the value and importance of recognizing the precise distribution of the nerves of any part where a patient is suffering pain. I thought I might take the surface of the external ear as a pretty accurate illustration of what I intended to convey. Last July a patient came to me with earache. The pain was on the lower part of the ear—not the upper part nor in the auditory canal. Looking at the neck, I saw a little swelling there, and the patient said, "Oh, that is only a kernel which comes down sometimes. I have been under my surgeon's care for some time for the ear, but am no better." It struck me that the kernel or gland, lying close to the second cervical nerve, was the cause of the pain. Hemlock poultices were applied over the gland, and in a week or so the gland suppurated; it was opened, and the painful symptoms disappeared. The patient had earache, and the symptoms were precisely expressed. There was no pain in the auditory canal supplied by the fifth nerve; the part of the ear implicated was that connected with the auricular branch of the second cervical nerve. It was the recognition of this distribution of the nerves to the ear which gave me the opportunity of detecting the real cause of the painful symptoms.

These cases support the opinion that accurate information respecting the exact seat of pain is a very important step towards obtaining a correct diagnosis.

Again, with respect to pain upon the head. Suppose a person to complain of pain upon the scalp, is it not very essential to know whether that pain is expressed by the fifth nerve, or by the great occipital? If it be expressed by the fifth nerve, it must be placed somewhere in front of the head, for all the anterior and lateral part of the head is supplied by the fifth nerve. Thus pain in the anterior part of the head would suggest that the cause must be somewhere in the area of the distribution of the other portions of the fifth nerve. So if the pain be expressed behind, the cause must as assuredly be connected with the great or small occipital nerve, and in all probability depends on disease of the spine between the first and second cervical vertebræ.

Fig. 10*.



This diagram shows a posterior view of the head, with the distribution of the great occipital nerve, the small occipital nerve, and the temporo-auricular branches of the fifth cerebral nerve. The cervical vertebræ are seen in outline. Between the first and second vertebræ is seen escaping from the vertebral canal the great occipital nerve, and from between the second and third vertebræ the small occipital nerve. *c*, Great occipital nerve, its trunk divided. *a'*, Cutaneous distribution of the great occipital nerve. *b*, Small occipital nerve. *b'*, Cutaneous distribution of the small occipital nerve to the head and external ear. *c*, Temporo-auricular branches of the fifth cerebral nerve.

I add these illustrations in order again to fix in your minds the importance of ascertaining the exact seat of the pain of which a patient may be complaining. It is not enough to say that he has pain upon his scalp; we must know precisely on what part of the scalp. It is not enough to say that he has pain in his ear, but upon what part of the ear; because there are two distinct nerves connected with these two different parts. I advance these local illustrations to indicate the method of exploration of the causes of pain, in whatsoever part of the body they may occur, although my remarks here are applied especially to the surface of the body.

Sympathetic pains on the surface of the body, connected with derangements of the internal viscera, are of great and pressing interest to us. I conceive that pains situated upon

* This figure is again introduced in consequence of its close relation to the cases detailed in this part of the lecture.

the surface of the body, and associated with something grown in an internal viscus, must be looked upon as a beneficent provision, enabling us to receive the information and to appreciate by external pain slight organic changes or derangements of function of the internal viscera; otherwise, and without some such reference, it seems difficult to understand why there should be structural nervous communication, and thence pain, upon any part of the surface of the body, consequent upon any pathological state of internal viscera or internal parts of the body.

Perhaps one of the most frequent of the so-called sympathetic pains experienced is that which occurs between the shoulders, or over the inferior angles of the scapulæ. This pain must be connected with the distribution of some of the spinal nerves, because no other structures could express the pain, and no other nerves occupy that position except the fourth, fifth, and sixth dorsal nerves, which are distributed over the inferior angles of the scapulæ and interscapular space; hence we must conclude that these nerves are the immediate seat of the pain. If we trace internally the great splanchnic nerve from within the thorax downwards, and find it connected at its abdominal end with the solar plexus, thence trace its distribution to the stomach, duodenum, liver, and pancreas; and if we follow the other or upper end of the same great splanchnic upwards to the fourth, fifth, and sixth dorsal nerves, which give peripheral sensitive filaments to the integuments, over the angles of the scapulæ, to the interscapular spaces and the adjoining skin, one can well imagine (without going into the question of how the transmission is made) that these nerves carrying the influence upwards and backwards may explain the occurrence of the pains sometimes experienced in those external parts associated with abdominal visceral disturbance. I think it likely, then, that the pain which persons experience in disease of these viscera may be explained by the relative position of the great splanchnic nerve, communicating, on the one hand, with the solar plexus, and thence with these digestive organs, and, on the other, distributing its branches to the fourth, fifth, and sixth dorsal nerves.

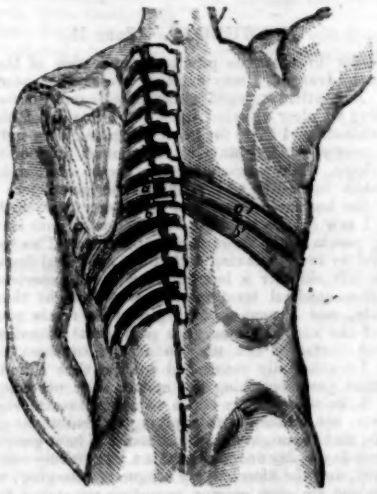
I have detained you with these general, but I hope pertinent, remarks on the subject of pain in anticipation of their more exact application to cases of well-defined disease of the spine. As in accidental injuries to joints, so in accidental injuries to the spine—as in diseases of the joints so in diseases of the spine, mechanical rest is an essential part of the treatment, and on this account it is to be steadily pursued. And here I must state my belief that a majority of the cases of primary disease of the spine in children, and almost all those in adults, are the results of exercise persevered in after fatigue—that is, after muscular exhaustion, or of accident, unacknowledged or overlooked. This, I think, is opposed to general opinion, which affixes tubercular disease or scrofula to disease of the spine in children as its almost invariable cause. The earlier the detection of spinal disease the more successful will be its treatment by appropriate rest. I trust I shall not be thought too sanguine when I assert it to be my firm conviction that if diseases of the spine were recognised sooner than they usually are, (and I am confident they may be,) most of the cases would be cured by properly applied rest. If the disorder is allowed to proceed until deformity is manifest, as in hip-joint disease, then assuredly the difficulties of the case are much increased, and the prospect of a favourable result much diminished, though not by any means destroyed.

In the cases of inflamed joint, we can discover its actual condition through the existence of a single local symptom—viz., increase of temperature in the parts. So, in disease of the spine, there is one symptom which almost always stands out most prominently, I would almost say soliciting our right appreciation and apprehension, and that is, local and fixed pain upon the surface of the body, with or without exacerbations, local increase of temperature being absent. I feel quite certain that through the medium of this symptom, properly employed, we may be led to the recognition of morbid conditions of the spine long before there is any evidence of disease by palpable deformity.

Diseases of the spine may begin in the vertebræ or in the intervertebral substance—I think, upon the whole, most frequently in the intervertebral substance, or where this is joined to the vertebra. This rather supports the view that diseases of the spine are very often the result of accident, because we know that in accidents, at least so far as I have been able to discover, the most frequent severance in injury to the spine is a severance of the vertebra from the intervertebral substance; and I suspect the same thing obtains with respect to disease of the spine. The pain associated with diseased spine to which I now refer is found upon the skin, supplied by the nerves which escape from the vertebral canal through the intervertebral foramina, close to the bones or intervertebral substances, either of which may, as I have said, be the seat of the disease. It is upon the recognition and right interpretation of the cause of this pain upon the surface of the body that we ought to place the best prospect of early and correct diagnosis in spinal disease.

In disease of the lower cervical, dorsal, and lumbar regions of the vertebral column, the pain is usually expressed symmetrically—that is, on both sides alike. It is often, however, not so when the disease lies between the occiput and atlas, or between the first and second cervical vertebræ. In all cases of symmetrical pains the cause is central or double, both sides being in a like morbid condition, whatever the disease may be. I have had these sketches made for the purpose of reminding you of the method of proceeding in analyzing the cause of symmetrical pains. I will select two of the dorsal nerves for the purpose of illustration.

FIG. 11.



A posterior view, showing the vertebræ and ribs in outline, with the sixth and seventh dorsal nerves in section between their vertebræ. *a*, Seventh rib, with the sixth dorsal nerve above it, and lying between sixth and seventh vertebræ. *a'*, Cutaneous distribution of sixth dorsal nerve. *b*, Eighth rib, with the seventh dorsal nerve above it, and lying between seventh and eighth vertebræ. *b'*, Cutaneous distribution of the seventh dorsal nerve.

FIG. 12.

Side view of chest, showing the course of the sixth and seventh dorsal nerves.

FIG. 13.

Front view shewing the terminal cutaneous distribution of the sixth and seventh dorsal nerves upon the abdominal parietes over the stomach.

Here are indicated the position of the sixth and seventh dorsal nerves, as they are distributed to the skin just over the pit of the stomach. If pain be felt at that part alike on both sides of the median line, these nerves become the only possible expression of that cause, for there is no other structure there situated which could manifest the pain; then, by tracing the nerves producing these surface-pains backwards to the posterior median line, and noting accurately the healthy or unhealthy condition of the various structures near which these intercostal nerves would pass—such as the ribs, pleuræ, aorta, œsophagus, and other structures in the posterior mediastinum,—we arrive at the vertebræ and spinal marrow, and in that way, proceeding by the law of exclusion, we arrive at the diseased spine as the real cause of the pains experienced at the pit of the stomach. (See Fig. 13.)

I would now shew the application of this method to practice, as illustrated by a case which I saw in 1851. On the 18th of March of that year, Mr. Ray, of Dulwich, brought to me a boy, eight years of age, who had been suffering from severe pain during January and February, 1851, just above the pit of the stomach, and who used to walk about with his hands placed over that region, and the body a little inclined forwards, as if suffering from some irritation or pain of the abdominal organs, in which direction the treatment had hitherto been chiefly applied, but without much benefit. It was noticed that the pain increased during the maintenance of the erect posture, and that it was relieved by the recumbent position. The child was old enough to express a little of what he felt, and when asked where the pain was, he put both his hands over the stomach, where he had previously complained of pain, and we observed that the pain was expressed on both sides alike. Mr. Ray and myself agreed that it was over the peripheral distribution of the sixth or seventh dorsal nerves. I requested that he should be undressed, so that we might be able to examine his spine. We then found that there was disease, with slight displacement, between the sixth and seventh dorsal vertebræ, and pressure upon these vertebræ produced the pain in front. The child could give us no explanation of the symptoms. No known accident had occurred; but the seat of the mischief, or the cause of the symptoms, was strongly marked by his placing both his hands in the position which I have described. The real cause of this patient's symptoms was now apparent, and by putting the boy upon a hair mattress on his back—that is, by giving the spine rest during four or five months, he got quite well, without any local application to the spine. The improvement began immediately on his lying down, and it was steady and permanent. He only took some cod-liver oil. Since then he has had no return of his symptoms, and is now grown up a healthy lad.

In this case, when we traced the dorsal spinal nerves backwards, or centripetally, we arrived at the cause immediately, and having recognised the cause, there was no difficulty about the treatment. In March, 1860, Mr. Ray reports to me: He is now seventeen years old, is strong, in good health, has not any deformity, and has not had any recurrence of his former symptoms.

I mention this case for the purpose of shewing that lapse of time, and the accidental casualties of life, have not induced the reappearance of the disease, and of displaying how much useful information we may obtain in practice by a precise examination of the exact seat of pain under these circumstances.

About two years ago Dr. Addison was requested to see a gentleman's son, who was then at the Westminster School, and who, it was thought, had been suffering from something wrong in his abdomen, for he had pain at the pit of the stomach and occasional vomiting. Not observing that the tongue and other circumstances indicated much serious disturbance in the neighbourhood of the liver, stomach, duodenum, and other parts in that locality, he suggested that there might be something amiss as regards the spine. I was therefore requested to see the lad with Dr. Addison. I found that he had precisely the same pains (as those observed in Mr. Ray's case to which I have been referring) over the pit of the stomach, and that he was *easy when lying in bed*. He was a rather tall, growing lad, and it was thought that the pain and spinal disturbance resulted from his sitting on a form at Westminster School without having any means of supporting the back. We believed we recognised disease of the spine exactly between the sixth and seventh dorsal vertebræ. All the stomach medicines were entirely put aside. He was made to lie down on a bed, or on a sofa or couch in the drawing-room, for two or three months nearly uninterruptedly, and from that time he got perfectly well. No cause could be made out for the disease of the spine, except that as he was a tall, growing lad, it might have been induced by sitting daily too long upon the form, without any support to his back, at the Westminster School. The source of the mischief was here accurately diagnosed by observing the precise position of the pain. There was no evidence of a local inflammatory condition where the pain was expressed. It was clearly a pain dependent upon a cause *situated remotely* from the point of manifestation. Tracing the pains backwards, we came to the seat of the disease, and then, by adopting rest as an agent, the boy was ultimately cured.

Last spring I saw a gentleman, who was brought to me by a surgeon, with something wrong in his back. I was not told what it was, but was requested to examine him. I asked the patient whether he had any pain to complain of. He said, "Yes, I have pain hereabouts," pointing to the distribution of the fourth and fifth dorsal nerves on the chest. The pain was on one side only, not symmetrical, which led me to conclude that the cause was one-sided. Upon tracing the posterior course of the fourth dorsal nerve towards the spine, I recognised a distinct aneurismal bruit. This led me to conclude, as a physician had before concluded, that the patient was the subject of aneurism. I mention this case, not for the purpose of prolonging, or parading unduly, the subject, but merely to shew what precision this method of examination gives.

If a patient complains of pain on the surface of the body, it must be expressed by the nerve which resides there; there is no other structure that can express it, and somewhere in the course of its distribution between its peripheral termination and its central spinal or cerebral attachment must be situated the precise cause of the pain expressed on the surface.

THE FRENCH LAWS ON THE PRACTICE OF MEDICINE.—We have succeeded in this country in preventing unqualified persons from assuming medical titles, but we need hardly say that quacks and impostors go on practising as before. Some changes on the door-plates are here and there noticed. Instead of "Mr. ——, Surgeon," we find now "Mr. ——'s Surgery." The Act is eluded, and the public are deceived. In France, not only must an unqualified person not assume a medical title, but he is liable to a penalty if he attempt to practise. Of course the law requires that someone should, in cases of unqualified practice, undertake to prosecute. In compliance with this clause, the medical societies of many districts of France are now actively bringing into court the impostors, who are as plentiful amongst our neighbours as with us. Seldom is a French medical periodical published without allusion being made therein to some verdict against unqualified persons, amongst whom bone-setters appear pretty frequently. The evil is not by such prosecutions entirely eradicated, but the activity of our professional brethren across the Channel will at least considerably lessen illegal practice in their country.

AN ACCOUNT OF A

CASE OF RUPTURE OF THE UTERUS DURING LABOUR,

IN CONNEXION WITH

FOLLICULAR DISEASE OF THE CERVIX UTERI AND CONSECUTIVE FIBROUS DEGENERATION OF THE MUSCULAR TISSUE.

BY EDWARD LATHAM ORMEROD, M.D., F.R.C.P.,
PHYSICIAN TO THE SUSSEX COUNTY HOSPITAL.

THE woman from whom this uterus* was taken was thirty-six years old, large and well made, but singularly pale; she had, however, always enjoyed good health. She had borne seven living and five dead children at the full time, and, besides these, had miscarried at the sixth month in the previous year. The first stage of her labours was always very tedious, and increasingly so with each successive labour. She had never suffered from uterine hæmorrhage; it was not known whether she had habitual leucorrhœa, or had ever suffered from syphilis.

About three months before the fatal issue of this her fourteenth pregnancy she was suddenly taken with seeming labour pains—with the same symptoms, in fact, as had ended in a miscarriage at the sixth month in the preceding year. These pains continued severe for twenty-four hours, accompanied by the discharge of a large quantity of offensive fluid; they then ceased, and her pregnancy went on, without any further incident, till nearly the full time,—namely, a fortnight before her death. Then it seemed as if labour fairly set in, for from that time she had a constant succession of regular pains, continuing day and night, so as quite to interrupt her sleep. She had an abundant discharge of fluid at the outset, which she supposed to be the waters coming away; and this continued throughout the whole fortnight, only in less quantity.

However, she was used to matters proceeding very slowly, and did not even send for her nurse till the pains came on with more violence nine hours before her death. Her nurse was with her at nine P.M., and at eleven she sent to tell Mr. Fry, her usual attendant, that she should soon want his assistance. She was then lying in bed, very cheerful, and expecting a speedy delivery. Before Mr. Fry's arrival, however, a great change had taken place in the patient; for at twelve o'clock he found her collapsed, and, on examination, was unable to ascertain the nature of the presentation. From his former experience of the case he thought that there would be much delay, and, not being well, he left at half-past twelve, requesting Mr. Sewell to take charge of the case.

About twenty minutes, certainly not more, elapsed before Mr. Sewell's arrival; but a further change had taken place in the patient in the interval, though still without any sudden violent symptoms. She was then lying on her side, imperfectly conscious and very faint, and all uterine action had ceased. Mr. Sewell tried to ascertain the presentation, but could not reach the os uteri; and within a minute or two of his arrival she had ceased to breathe. There was no external hæmorrhage whatever.

On examination of the body after death, the peritoneal cavity was found to contain more than five pints of blood, in which lay a full-grown female child placed transversely with its feet to the right. There was no mark on the child by which the nature of the presentation could be determined. The uterus was ruptured straight down the posterior wall from top to bottom, the tear stopping just short of the cervix, and not implicating the vagina at all. The cervix was somewhat everted, so that what seemed to be the os uteri was really part of the canal of the cervix, occupied, in four-fifths of its circumference, by an elastic growth, which was of a somewhat gelatinous appearance, and was studded here and there with little bladdery points. The entrance to the uterus would not allow the passage of a cone of more than one inch and a half diameter. The muscular substance of the uterus was generally soft and flabby, but otherwise healthy looking. Large flakes of healthy decidual membrane hung from the interior of the uterus. The placenta, which lay loose in the peritoneal cavity, seemed to have been attached on the left side, about half way up the organ. No corpus luteum distinctly referable to this pregnancy could be found in either ovary. The dimensions of the pelvis were quite normal.

Portions of the liver and kidneys, of the muscular structure of the heart, and of the uterus all along the line of rupture, were examined, and found free from any traces of fatty degeneration. The uterine muscular fibres about the fundus of the organ were quite healthy, but those taken from the edge of the rupture, near the cervix, did not display the muscular structure as distinctly as those from the fundus. They were smaller, darker, and apparently mixed with fibrous tissue, which connected them closely together, and gave them a woolly look. But there was no fatty degeneration anywhere.

On vertical section of the mass which grew from the interior of the cervix uteri, the structure had a honeycomb appearance, from a number of irregularly cylindrical cells, distended with a clear mucus, swelling up from the cut surface. The general appearance of the cells was very like that presented on section of a compound ovarian cyst, the white, opaque, fibrous septa contrasting with the transparent contents of the cells; only these cells were arranged parallel to each other, at right angles to the uterine structures, and they were somewhat oval, not radiating and pyriform as in an ovarian tumour. The whole mass was nearly three-quarters of an inch thick, and the bladders, already noticed, on the surface, were the protruding ends of some of these dilated mucous follicles.

From the cut surface the mucus could be raised with the forceps in distinct masses, which retained the form of the original cells, and were evidently enveloped in a fibrous membrane of extreme delicacy. This membrane was wanting in the mucus which was squeezed out of the cells. In the transparent portion of this nothing could be seen besides a few small nucleated cells, either single or collected in patches; the opaque lines by which it was traversed here and there, were composed of epithelial scales, which were almost entirely of the columnar form, without any ciliæ at their broad ends. No cells leading to a suspicion of malignant disease, no pus or exudation cells, were anywhere to be seen.

The disease seems to have been simple hypertrophy of the glands of the cervix uteri, accompanied by fibrous degeneration of the adjacent muscular structure. It would be very difficult precisely to fix the origin and order of succession of all these changes in and about the cervix uteri, but it seems most probable that the constant afflux of blood, necessary to maintain so large an abnormal secreting organ as the hypertrophied glandular element grew to, was inconsistent with the normal periodical growth and decay of the muscular tissue hereabouts, and led to the formation of a more permanent structure in its place. The follicular disease was harmless enough in itself, but, incidentally, its constant presence caused, or was accompanied by, a permanent change in the muscular structure, which interfered with the mechanical functions of the part, and thus gave rise to rupture of the organ. It was not the bulk of the tumour which caused the obstruction, but the rigidity of the tissues about the orifice of the womb.

Apparently, this condition of parts had existed for some years, gradually increasing till what in the first instance had merely delayed the dilatation of the os uteri ultimately impeded this process so effectually that the muscular structure ruptured itself in its fruitless efforts to overcome the resistance. It cannot be inferred that the hypertrophy and distension of the mucous glands of the cervix uteri were the consequence rather than the cause of the protracted labour, for the tumour did not implicate the whole circumference of the cervix, as might have been expected under such circumstances.

One other point invites examination: At what period did the rupture take place, and how? At eleven P.M. the patient was cheerful, and expecting delivery; at one P.M. she died. No information can be obtained defining the period within which the rupture took place more closely than this. The rupture would seem to have been gradual, for it is inconceivable that an injury of such extent, and accompanied by so much hæmorrhage, should occur suddenly without producing violent and immediately fatal symptoms. I am inclined to the conclusion, which the negative history of the case strongly favours, that the rupture and hæmorrhage were not instantaneous in all their extent, but that the uterus gave way at first only in a single point, and that the laceration was gradually dilated to its full extent by the passage of the child.

* This pathological specimen I laid before the Brighton and Sussex Medico-Chirurgical Society on the 6th instant. It was kindly placed in my hands by Mr. Sewell as a contribution to our Hospital Museum; and I am also indebted to that gentleman, with Dr. Hall and Mr. Fry, for the particulars of the case.

THE LARYNGOSCOPE:

ITS VALUE IN HEALTHY AND DISEASED CONDITIONS OF THE THROAT AND WINDPIPE.

BY GEORGE D. GIBB, M.D., M.R.C.P.

PROFESSOR CZERMAK, lately of Pesth, but now of Prague, in Bohemia, paid a short visit to London in the last week of August, and took advantage of the opportunity to demonstrate the use of his laryngoscope at some of the hospitals, and at several private sittings, to many members of our profession. I spent the evening of the last day of the same month with the Professor, by special appointment, in company with Dr. Thudichum, and he favoured me with a complete description of his most valuable instrument, and showed the use of it upon his own person, a brief account of which I thought of sufficient importance and novelty to bring before the readers of THE LANCET. I must premise by stating that M. Czermak does not take to himself the credit of having been the first to invent the laryngoscope, for he was fully aware—as, indeed, he states in his work—that Mr. Liston had contrived something of the kind in 1840, and more lately M. Garcia (1855). He was not acquainted with Mr. Avery's instrument, which has been known to the profession, as I am informed, for many years. But he has perfected the instrument in every way, and has shown its application in the most satisfactory manner to both physiological and pathological researches. There are many instruments in London which are called Czermak's; some of these were shown to him, and he informed me that they were not his invention, and were widely different in their construction from his own. It is of importance to state this, because anyone anxious to use the proper laryngoscope can obtain it from Weiss, in the Strand.

It consists of a circular mirror, perforated by a round hole in the centre, (indeed, like that of the ophthalmoscope, only that its diameter is greater;) and a small looking-glass reflector, on a stem and handle for introduction into the pharynx. The light employed may be either that of the sun, or of a good moderator lamp in a dark room; the latter is always at command. Clear daylight will answer. With a good light, the whole of the pharynx can be illuminated by the aid of this mirror, when the next step is to introduce the small reflector, previously warmed, into the pharynx, gently pressing it against the anterior part of the velum palati and uvula. This proceeding was carried out by M. Czermak in his own throat; and he regulated his movements by the aid of a second reflector, by means of which he himself saw what was being exhibited to the spectator. On his first introducing the small reflector, he repeated the ejaculations "Ah, ah!" "Eh, eh!" continuously, which permitted the epiglottis to be elevated during the expiratory efforts, and a good view of the interior of the glottis, with its vocal cords, to be obtained. The lips of the glottis would occasionally close and expand like a fan, the pivot being situated anteriorly; this, to my mind, is one of the most remarkable and striking features connected with the larynx in its healthy state. This movement was effected by the utterance of the sounds mentioned, and the rapidity with which it was accomplished was truly interesting and remarkable, and affords an idea of what this part of the vocal apparatus undergoes during speaking and singing. He showed me all the different parts of the larynx in a quiescent and active condition, and concluded this part of his demonstration in closing the glottis, by bringing the lateral surfaces of the cords together, and then gliding the arytenoid cartilages forwards into apposition with the base of the epiglottis. This last feature, as he assured me, was one of considerable difficulty to accomplish, and I could perceive that it cost him an effort to do it. It is represented in fig. 10 of the second plate of his work on the Laryngoscope, published this year in Paris.

Having rested himself for a few minutes, and partaken of a glass of sherry—an example which we all followed, as our own throats were shortly to be inspected,—he reintroduced the reflector, and altered the position of his neck and throat so as to permit of a view down the larynx. With some little arrangement a good posture was gained for the passage of the light downwards, and I saw clearly the rings of the trachea, and afterwards, lower down, the right and left bronchi, with the intermediate septum of a yellowish-white colour, presenting a distinct light object between two apparently circular dark spaces. This is also engraved in his book—fig. 7 of plate 2. I must confess that, familiar as I had been with the idea of the actual passage of a probang so far down by Dr. Horace Green of New York—a feat which I knew was quite possible in such experienced hands,—I little dreamt of the possibility of actually being able to see thus far down the larynx. There was no disbelieving the evidence of one's senses, but it was some time before I could certainly realize in my mind the fact of having seen, from the mouth, the bifurcation of the trachea in a living and healthy person. Whilst observing all these, I was fascinated with the intense interest of this novel subject, and was only afraid that I was taxing the good nature of the Professor.

He now showed me the posterior nares and Eustachian tubes, and all the parts in connexion with the former. The posterior edge of the septum of the nose stood out quite distinct, and the posterior terminations of the middle and inferior turbinated bones were well seen. The orifices of the Eustachian tubes presented circular concavities with raised margins, and certainly seemed different from what they are generally described. The upper part of the pharynx was shown by simply introducing a reflector looking upwards, at the same time holding the soft palate downwards and forwards.

These illustrations were confined solely to the examination of healthy parts; but a great field is opened out, with the aid of the laryngoscope, for the examination of various internal and hidden diseases of the larynx, of which we at present have scarcely any conception. The Professor told me that with its aid he has been enabled to introduce the solid caustic and touch an ulcer within the larynx. If tracheotomy has been performed for laryngeal disease, a reflector can be introduced into the tracheal opening, and a view of the internal disease will be at once afforded from below upwards. Much as the ophthalmoscope has done for hidden and obscure diseases of the eye, it is probable that even more may be expected from the laryngoscope in many terrible, intractable diseases of the larynx. But it appears to me that it is an instrument that cannot be commonly applied, unless by very delicate and steady hands; and it requires a special experience in its use. My own throat was submitted for examination, and the little reflector was delicately and gently applied by M. Czermak in front of the soft palate; I did not feel the slightest uneasiness, although my faucial mucous membrane is irritably sensitive, and I was able to sustain a good, prolonged examination. The Professor declared, however, that I knew how to disport my throat for examination; and he said that he saw the laryngeal structures more distinctly and with greater facility than is his custom. Dr. Thudichum was not so fortunate in applying the reflector to my throat, for it rather tickled the uvula, and I felt disposed to cough. After a little practice on myself with this instrument, I feel persuaded that I shall be enabled to demonstrate its use pretty satisfactorily to others.

There are other peculiarities in connexion with the laryngoscope besides those I have described. It is not necessary, however, that I should do more on the present occasion than to draw attention to the use of this most valuable auxiliary. No one in any way familiar with the delicate structures of the throat should be without it.

Portman-street, Portman-square, Sept. 1860.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, SEPT. 15TH.—The deaths registered in London in the week that ended on the 15th inst. were 962. Ten occurred from small-pox. Measles was fatal in 36 cases; 36 persons died from scarlatina, and 4 from diphtheria. Diarrhœa was fatal in 60 cases. One death is referred to cholera; a girl, aged 21 months, at 4, Nag's Head-court, St. Luke's (15 hours). A labourer, aged 32 years, died from tetanus at St. George's Hospital, in consequence of injury to his fingers by machinery.—The births were: boys, 890; girls, 842.

FOR THE WEEK ENDING SEPT. 22ND.—In the week that ended on Saturday last the deaths registered in London were 1016. Small-pox exhibits a low mortality, the deaths from it being only 3. Diarrhœa was fatal in 64 cases; all except 10 were children. The death of a girl, aged 10 months, is referred to choleraic diarrhœa. The deaths from measles were 42; scarlatina was fatal in 44 cases; and 6 children died from diphtheria. A boy, aged five years, died at Guy's Hospital from locked jaw, the result of an injury.—The births were: boys, 859; girls, 811.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Procemium.

ST. GEORGE'S HOSPITAL.

EMPYEMA AND PULMONARY ABSCESS CONSEQUENT UPON ACUTE PLEURO-PNEUMONIA; FATAL RESULT ON SIXTEENTH DAY; AUTOPSY.

(Under the care of Dr. BENCE JONES.)

EMPYEMA is one of the graver terminations of inflammation of the pleural serous membrane, for, sooner or later, it proves fatal in the great majority of instances. A little more than a year ago, we placed upon record five cases of this affection, all presenting characters somewhat dissimilar, and exhibiting some of the phenomena which are usually associated with it. (THE LANCET, vol. ii. 1859, p. 481.) The sequel of one of those at Guy's Hospital we give to-day. We again illustrate the same subject by brief details of further examples, (in both of which a fatal result ensued,) with a description of the appearances found after death. The present and former cases constitute a series of some interest, and to render them more complete, we purpose recording instances (as they present themselves) of pulsating empyema, or the *empyema of necessity* of some of the older writers, because the pus works its way outwards; and of empyema following acute pleuritis, in which a recovery ensues after copious purulent expectoration. We need not say, however, that these forms of the disease are rare, and we shall refrain from entering into their consideration until the cases appear in our pages. One of the most original papers that has ever been published on this important and dangerous disease, especially in reference to its diagnosis, is to be found in the *Dublin Journal of Medical Science* for March, 1844, by Dr. Macdonnell (formerly of Dublin, but now of Montreal). The student will find in it much information not met with elsewhere, particularly upon the two forms of empyema to which we have adverted.

The following case is one in which an acute attack of pleuro-pneumonia was quickly followed by effusion of serum, which as speedily became converted into an empyema. The prominent feature throughout was urgent dyspnœa, which is explained by the amount of sero-purulent fluid present in the chest, together with the condition of the lower part of the lung, which was in the third stage of pneumonia, producing disorganization of its structure and a large abscess. The attack, from first to last, reckoning from the time the acute symptoms commenced, occupied about sixteen days, a period beyond the average (ten days) for all the stages of pneumonia to run their course; yet it cannot be called a protracted case, for in Andral's table only 15 out of 112 cases of pneumonia continued longer than a fortnight. This case differs from ordinary examples of pneumonia in the fact that the pleurisy accompanying it was followed by much effusion; but this might be explained away by some pathologists, inasmuch as the pneumonia was confined to a portion only of one lung, and did not involve a great extent of tissue.

John F——, aged forty-seven, a labourer, formerly a soldier, of temperate habits. Excepting a slight cough, which he had had for seven or eight weeks, this man enjoyed good health until five days before admission, when he was attacked with very acute pain in the right breast, accompanied with diarrhœa and vomiting. Two days later shivering came on, and on the next much difficulty of breathing. When admitted on 16th May, 1860, he lay supine, with heavy inspirations, 42 in the minute; the face was flushed; the skin hot and dry; the tongue thickly coated; pulse full and strong, 114. On examining the chest, there was found to be considerable dulness, with great want of vesicular breathing, tubular inspiration, bronchophony, and a few coarse, moist râles. No true pneumonic crackling could be found, nor was there any ægophony. Strong beef-tea was ordered. He was cupped to eight ounces from the right side; three grains of calomel and half a grain of opium were given every six hours, and he also had a saline draught, containing ten minims of antimonial wine.

May 17th.—The dyspnœa was much less distressing; respirations 36. The sputa formed a uniform brown, gelatinous mass. The tongue was still thickly coated; the pulse full, thrilling, and soft, 104. Twelve leeches were now applied to the chest, and next day a blister. He went on without much change until the 22nd, when the gums were swollen and the dyspnœa worse. The pill was continued three times a day, and gin given.

23rd.—He was breathing harder, in a half-upright posture; the pulse very powerless, full, and had an aneurismal thrill, and he suffered from diarrhœa. The latter symptom was checked by an opiate injection; the blister was repeated, and the stimulants continued.

24th.—Respirations now 42; the cough appeared less frequent, and the expectoration had changed in character. It was no longer tenacious, but watery and lumpy; its hue had changed from deep-brown to fawn colour. There was pain in the right side; the tongue was dryish, and brown in part; the face still of natural hue.

From this time (May 26th) he gradually sank, in spite of vinous and ammoniacal stimulants. He became delirious and restless. At last he got cold and clammy, and so died.

Post-mortem examination, thirty-three hours after death.—Body well nourished. There was a moderate amount of serum in the left pleura. The left lung was slightly spumous, but otherwise healthy; the right lung was adherent to the chest walls in the second intercostal space, but this adhesion only extended to the anterior half, so that the upper and lower parts of the cavity communicated freely behind it; all the unadherent portion was occupied by an extensive collection of pus, mixed with serum, and the surface of the lung was smeared thickly with shaggy lymph. The upper part of the lung was healthy; its lower part was in a state of grey hepatization, and had given way in one place, forming an extensive abscess, with very foul pus, which welled out on an incision being made. The lung tissue was also completely disorganized. The heart was large and weak. The aorta was very atheromatous; the aortic valves were free from any appearance of recent disease, but their free margin near the frena of two of the flaps was bony, combed with small holes, the largest of which would have almost admitted a split pea. Liver healthy. Spleen contained a large fibrinous block. Kidneys large; the left weighed nine ounces; the right, eight ounces; surface of latter presented a deep, depressed cicatrix.

EMPYEMA; MALIGNANT DISEASE OF THE MEDIASTINUM INVOLVING THE RIGHT LUNG AND EXTENDING DOWNWARDS IN FRONT OF THE SPINE; THORACENTESIS; FATAL RESULT.

(Under the care of Dr. FULLER.)

The contrast between the foregoing case and the present is remarkably great, for in the latter there was bulging of the chest, with visible prominence of the intercostal spaces, which were absent in Dr. Bence Jones's patient. The heart was displaced further towards the left side from the supposed effusion, and yet the respiration was not embarrassed. Thoracentesis did not afford the amount of relief that was anticipated. After death, about a pint only of pus was found in the pleura; but this by no means represented the quantity that had been present, for most of it had exuded from the wound made in tapping the chest. The lung disease was complicated with medullary cancer, springing from the posterior mediastinum; yet no indication of its presence was made out during life. As the affected side of the chest, up to the collar-bone, was profoundly dull on admission, and was found disorganized after death and riddled with abscesses, it is probable that pneumonia had been present, and had ended in the third stage of purulent infiltration. The affected lung, if we except its base, was not involved in the cancerous disease, which perhaps explains the absence of some of the signs usually met with when the latter has invaded the lung tissue,—such, for example, as enlargement and tortuosity of the thoracic veins.

For the notes of these two cases we are indebted to Dr. W. H. Dickinson, medical registrar to the hospital.

William D——, aged thirty-four, a warehouseman, admitted June 27th. He was quite well and vigorous up to the end of last year. In January he had a violent cold, with cough; this continued, without much interference with his general health, until two months before admission, when his breath became short. This was followed by much loss of flesh, and inability to lie on the left side. He never had any pain in the side, or stitch, and never spat blood. When admitted, the right side of the chest was profoundly dull up to the collar-bone; it visibly bulged, and the intercostal spaces were slightly prominent, contrasting with their condition on the opposite side, where the leanness of the patient showed deep furrows between the ribs. The heart pulsated very visibly about two inches below the left nipple and just outside it. The cardiac sounds were distinctly audible all over the right side; they were as loud at the right nipple as they usually are in the precordial region, while at the left the sounds were exaggerated. Respiration, when tranquil, could be heard as low as the angle of the right scapula; while, when deeply drawn, it could be faintly distinguished down to the bottom of the lung. The man was much emaciated, and the features were sharp, but the complexion was not peculiar. He usually lay on his back, inclined towards the right side. The breathing was not much embarrassed, 22 per minute; pulse 120. The tongue was furred, but otherwise natural. Urine lithatic, but not albuminous. He had ordinary diet and porter. Paracentesis was at once ordered, but delayed by the surgical officials; and a tonic medicine was prescribed. From the 4th of July he grew worse day by day, and complained of depression and sinking. He often lay half back in bed, resting on his two elbows. He could not sleep. The pulse was now full and jerking, but very feeble, and he coughed up much matter, like dark mucus. On the 5th, six ounces of wine were prescribed. A puncture was made on the 6th, and about three ounces of thick sanious pus withdrawn by means of cupping-glasses. No sensible relief was produced. He became weak and faint, and the features were sunken. Another attempt was made on the 9th July to relieve him by means of a small puncture; no evacuation took place at the time, but about half a pint of pus escaped during the night. He became faint as the discharge went on; it continued to dribble all day, and at night he became completely swamped. He complained of nausea and faintness, and, although stimulants were freely given, he sank, apparently by asthenia, on the following morning.

Autopsy, thirty-five hours after death.—Body somewhat emaciated; abdomen tympanitic. An empty sac of an inguinal hernia was found on the left side.—Thorax: There was a small opening far back, on the right side of the thorax, through which, with some trouble, a probe was passed into the pleural cavity; pus was exuding from this wound. The posterior mediastinum contained a large malignant tumour, of the hard, encephaloid variety; it filled all the space between the great vessels and the lung, and had attacked the latter. The whole tissue of the lung was perfectly disorganized, and presented a texture riddled with abscesses. This texture seemed to consist principally of the remains of bronchial tubes and vessels. There were no traces of malignant disease in it. The whole lung seemed perfectly useless as a breathing organ. The upper three-fourths of the right pleura seemed tolerably healthy in structure. It was distended by a very large quantity (more than a pint) of creamy pus. There were two openings into this cavity, towards its lower part. One, which seemed to have been made with the knife or trocar, was situated close to the upper border of the fifth rib. The other, larger and more irregular, was situated at the next lower intercostal space. They both communicated, though indirectly, with the external wound. The lower fourth of the pleura was adherent and implicated, with the base of the lung and diaphragm, in a mass of malignant disease. The left pleura was healthy (with the exception of a few adhesions), as were the corresponding lung and the heart. In the arch of the aorta were a few loose glands infiltrated with malignant disease. The muscles around the wound were thickened, and two or three small abscesses existed there.—Abdomen: A great part of the diaphragm was so infiltrated by the malignant disease that none of its natural tissue could be distinguished. The malignant mass reached down the spine, lying in front of the lumbar vertebræ, nearly as low as the sacro-vertebral angle. It was lobulated on its surface, and had much the appearance of a mass of diseased glands. The aorta and vena cava passed behind it, but none of the large vessels seemed compressed. The liver was large and soft; its anterior edge contained a single tubercle of malignant disease, about as large as a hazel-nut. The spleen was large, but healthy. The kidneys were large, and coarse in texture.

GUY'S HOSPITAL.

SEQUEL TO A CASE OF EMPYEMA, IN WHICH THORACENTESIS WAS PERFORMED, AND A DRAINAGE TUBE WORN.

(Under the care of Dr. GULL.)

THE particulars of the following case appeared in our "Mirror" (vol. ii. 1859, p. 482); and we then stated that the chest was slowly refilling, and probably a third operation of thoracentesis would be required. The patient had been labouring under the effects of pleuritis eight weeks before admission, and died after being in the hospital about three months. The third tapping was not performed; but the details of the autopsy show that the pus was on the point of bursting through the thoracic walls, and had infiltrated the neighbouring tissues as far as the abdominal muscles:—

Henry T——, aged seventeen, admitted on Sept. 7th, 1859, for empyema; tapped, and drainage pipe inserted. He died on Dec. 5th. During the last two or three weeks the fluid again collected, so that the right side of the chest was universally dull on percussion.

Autopsy.—Body much wasted. The right side of the chest was completely filled with pus, amounting to several pints. This was good pus, and not fœtid. The matter had been endeavouring to escape externally, for not only had it softened the scar made by the trocar, and was oozing through the wound, but in several places around had softened the intercostal muscles, so that when the integument was reflected purulent matter was found infiltrating the cellular tissue, and had reached as low as the abdominal muscles. The right lung was compressed into a very small space against the spine, and carnified. The tissue was healthy. A careful examination of the surface, on removal of the layers of lymph, failed to discover any opening in the lung through which any matter could have readily passed. All the other organs were perfectly healthy.

Provincial Hospital Reports.

NORTHAMPTON INFIRMARY.

DEATH FROM CHLOROFORM.

(*Communicated by* J. FOSTER GRAY, Esq., F.R.C.S.)

P. C——, aged forty-two years, a tall, stout, muscular Irishman, was admitted, under the care of Mr. Mash, Sept. 1st, 1860. He was the subject of a lipoma, about the size of a closed hand, seated in the middle line between the upper border of the scapulæ. On September 5th he was taken into the operating room for the purpose of having this removed. As the operation was considered neither dangerous nor very painful, he was strongly dissuaded by his surgeon from taking chloroform; but he, nevertheless, expressed an urgent desire that it should be administered. After consultation with Mr. Ashdown, as there seemed on auscultation to be no special contra-indicating circumstances, his wish was acceded to, and the chloroform was accordingly given by Mr. Gray, the house-surgeon. It was administered on a single fold of thin lint, and after three or four minutes' inhalation the patient became excited and delirious, struggled a good deal, and talked incessantly. In the course of about eight minutes more these symptoms subsided, the face became much congested, and the breathing stertorous. At this time the pulse was full and regular, and the orbicular acted distinctly though rather sluggishly. The administration of chloroform was then wholly suspended, and the patient, being deemed in a fitting state for operation, was turned over on the left side in order to expose the tumour. This position being found inconvenient, a further change was required to adapt the head and shoulders on pillows, so as to expose the tumour effectually, and in the process of effecting this, respiration was observed suddenly to cease. The tongue was immediately drawn forward by artery forceps, cold water freely dashed over the face and chest, and artificial

respiration was forthwith commenced by Marshall Hall's Method, aided by forcible compression of the thoracic walls. At first the result of these means appeared most satisfactory, three or four deep muscular inspirations and several feebler efforts being made by the patient. The venous system of the face and neck being very turgid, the external jugular of either side was opened, and bled rather freely. Electro-magnetism also was applied as promptly as possible, the artificial respiration being unceasingly continued; but though the measures for restoring animation were continued for an hour, no further indications of vitality were manifested by the patient. No pulse or heart beat was detected after the first suspension of respiration, but the immediate resort to artificial breathing prevented any very deliberate examination of the pulse.

The chloroform seemed quite pure, and the total quantity consumed during the process of inhalation was nearly five drachms and a half. The patient was known to be intemperate, and has since been ascertained to have been an inveterate drinker.

Autopsy twenty-three hours after death.—Externally, the face appeared rather pale than livid (probably as a result of the venesection), and there was more than usual ecchymosis of the depending portions of the body. The head was first opened. The dura mater was slightly adherent along the course of the longitudinal sinus; the glandulæ Pacchioni were of large size, and there was some subarachnoid effusion; but the membranes themselves appeared healthy. The substance of the brain was firm and natural; the puncta vasculosa were very numerous and of a dark venous hue. The lateral ventricles contained about two drachms of fluid; and the medulla oblongata and cerebellum, like the brain, were much congested, but presented no other evidences of disease. The lungs were gorged with venous blood, but otherwise healthy; the pleuræ smooth and unadherent. There was no pericardial effusion; the heart was large and flaccid, and there was an unusual accumulation of fat on its outer surface. Its muscular tissue was soft, and the walls of the ventricles, especially the left, were thinner than natural, but not otherwise unhealthy. The right chambers were greatly distended, the left comparatively empty. The blood was quite fluid throughout; the valves, endocardium, and vessels at the base were normal. The heart weighed ten pounds, the aorta and other vessels being cut off close to its base. There was an excessive deposit of fat external to the abdominal walls, as also in the subperitoneal cellular tissue and throughout the great omentum. The abdominal viscera, like all the other organs, were greatly congested, but exhibited no further indications of disease.

Reviews and Notices of Books.

Procrustes ante portas. Why the Shoe Pinches. A Contribution to applied Anatomy. By HERMANN MEYER, M.D., Professor of Anatomy in the University of Zurich. Translated from the German by JOHN STIRLING CRAIG, L.R.C.P.E., &c. pp. 55. Edinburgh: Edmonston and Douglas.

THE author of this little tract is well known as having largely contributed to the recent rapid advance of anatomy and physiology, which is due to the employment of the more direct and refined modes of investigation. In his experiments upon the mechanism of walking, he was forcibly struck by the extremely bad way in which our "foot clothing" is constructed. His attention was further directed to this point from having frequent opportunity, as a teacher of anatomy, of observing the almost incredible deformities of the human foot, resulting from the pressure of the shoe. Professor Meyer afterwards wrote a paper, embodying his opinions upon the subject in question. He had been already preceded by Camper with his paper "On the Best Shoe," and by Sömmering with a treatise "On Stays." Camper's suggestions attracted considerable notice; but his plans found little or no encouragement, because they were so very impracticable, and, above all, because of the very clumsy form of shoe he recommended. The subject treated by Sömmering concerned a comparatively limited class—viz., fashionable tight-lacing women. But the shoe still pinches everybody, and so Dr. Meyer, whilst following the indications of anatomy and physiology, again draws attention to the bad way in which we are shod, and proposes a new form of shoe in sufficient unison with the claims of "appearance" to justify its adoption. The English sufferer from corns, bunions, and all the miseries resulting from tight and ill-shaped shoes, may thank Dr. Craig for thus introducing Professor Meyer's views to his notice. But we fear we must agree with the translator that the prevalent ideas as to what is elegant and proper in regard to the feet are so radically bad, and yet so pertinaciously clung to, that we can scarcely hope this promulgation of the proper shape of the shoe will have any sensible influence in reforming one of our most absurd and *cruel* fashions.

On the Invention of Stereoscopic Glasses for Single Pictures; with Preliminary Observations on the Stereoscope, and on the Physiology of Stereoscopic Vision. By T. WHARTON JONES, F.R.S., Professor of Ophthalmic Medicine and Surgery in University College, &c. pp. 31. London: Churchill.

Is it possible to form lenses through which, when presented before both eyes, any *single* painting or picture may be seen with something of a real stereoscopic effect? After weighing well this question, and after much trouble in carrying his theory into practice, the author is enabled to answer it in the affirmative, and even to give the names of the opticians who are willing to supply opera and field glasses with stereoscopic lenses for single pictures. He frankly tells us, nevertheless, that

"The stereoscopic effect produced by the stereoscopic glasses is very slight when compared with that usually presented in the stereoscope. It is, however, to be remembered, that the effect of relief or *intaglio* observed in the stereoscope is usually much exaggerated—is not such as the landscape or other subject represented could, by any possibility, present in nature."

Still, as a scientific experiment, Mr. Jones's inquiry merits encouragement.

Ure's Dictionary of Arts, Manufactures, and Mines. New Edition. Edited by ROBERT HUNT, F.R.S., Keeper of Mining Records, &c. Parts X., XI., and XII. London: Longman and Co.

THIS useful compendium makes considerable progress towards its completion. The portions before us include subjects from "Macaroni" to "Printing." We may instance the following articles as receiving very able and ample illustration at the hands of their writers: "Manure," "Mercury," "Metallurgy," "Mineral Statistics," "Mining," "Mint," "Nutrition," "Oils," "Ores," "Paper Manufacture," and "Pottery."

Journal de la Physiologie de l'Homme et des Animaux. Publié sous la direction du Dr. BROWN-SÉQUARD. Tome III. No. XI. Juillet, 1860. Baillière, London and Paris.

IN the present number will be found the conclusion of M. Dor's paper upon "Variations in the Refracting Power of the Eye," as also that of M. Chauveau's "Theory of the Effects of Electricity." Other articles of interest are included with the above, of which we may specially notice the paper of M. Ch. Martins upon the "Subjective Conditions Modifying the Sensation of Cold."

FRENCH MILITARY SURGEONS.—Formerly the Government were anxious to train military surgeons from the student's first steps; and even now this system is partially in force, especially at the School of Strasbourg. But the Military Medical School of Paris is now open to the holders of the doctor's degree, who are not more than thirty years old. One year is to be spent at the school in the acquirement of the special branches of knowledge indispensable to the military surgeon; and after the proper examinations, both on entering and leaving the institution, the candidate obtains a commission as Assistant-Surgeon of the 2nd Class. Two years' service entitle him to admission into the 1st Class. From this new regulation and some others, it is plain that the alacrity for entering the service is not very great, and that the French Government are anxious to facilitate and to render desirable the embracing of a military medical career.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 29, 1860.

A MINGLED feeling of hope and anxiety arises on contemplating the varied emotions of those whose youthful aspirations have brought them to the commencement of that career of usefulness which so eminently belongs to Medicine. Few can behold with indifference the arrival of so many young men, fresh from the tenderness and solicitude of their homes, thus embarking on the rough and dangerous sea of life in any of the great towns in which there is a Medical School. Happy the parents who have so nurtured their offspring, so fortified them with fixed and sterling principles, that they can without fear trust them to the temptations and follies of town life; and happy the youths who, thus brought up and instructed, shall retain throughout all trials the uprightness and honour which may be the only hereditary endowments they can boast. Standing on the threshold of their career, we offer them words of encouragement and welcome,—welcome to the scene of the labours of the most distinguished and successful in the profession they have adopted; and encouragement to persevere steadily and earnestly in imitation of those who have added lustre to our calling.

In thus welcoming students to the schools of the medical and allied sciences, our desire is to lay before them the valuable and comprehensive advantages which, for the purpose and study of their profession, are now offered to them. We will point out to them how these advantages may be turned to the best account; and we wish emphatically to impress on them, that while the teachers under whom they place themselves have undertaken an onerous yet generous responsibility, the student also has duties equally responsible and equally grave. We desire to hold up to the ambition of the diligent the rewards and valuable opportunities which industry may obtain; but we are bound also to warn the idle and unreflecting of the place which in the race of life it will inevitably be their lot to fill.

There is much to encourage and much to incite the student on his first entrance to an hospital. Large, well-ventilated, commodious wards; every appliance which modern art can suggest for the treatment and relief of patients; beds neat and cleanly, filled with almost every form of accident or disease—a field of observation of inexhaustible wealth, if the harvest which is there be properly reaped and gathered; museums rich with illustrations of natural and diseased structures; lecture-rooms airy and comfortable, with apparatus and means of illustration appropriate and well-selected;—everything, in fact, calculated to impress with attractiveness the youthful mind, and make him almost feel that the path before him is without difficulty or obstacle, and that he has chosen a road which no dulness or mental insufficiency can miss.

But let him be not so deceived. These are but the aids and helps, the guides and charts for his course. He must apply himself to understand the principles on which the utility of his profession rests; and the sciences which minister to this end must be first acquired. It is only by his own energies and diligence—it is only by patient and persevering industry, that the fundamental laws of structures and functions can be learned. Diagrams and illustrations may assist him to comprehend things which at first appear difficult; but in order to fix immutably on his mind the facts which Anatomy and Physiology will teach, great and assiduous application is imperatively necessary.

The practice of recording and making public exceptional or instructive cases from the wards of the hospitals, those especially which illustrate practically some fundamental doctrine in Medicine and Surgery, largely contributes to the advantage of the student. We can claim for THE LANCET the initiative in thus giving publicity to the results of hospital experience; and we can, without fear of contradiction, tell the student that to the efforts this journal has unceasingly made to advance the interests of the many in place of the interests of the few,—that to the example of THE LANCET, in making the profession acquainted with the experience of those who were the earliest and most active collators and expounders of hospital cases,—that to the exposure by this journal of the laxity and indifference of hospital officers, and to our unceasing advocacy of the more practical methods of teaching which are now generally adopted, the student owes the increased advantages which his residence in the metropolis, or elsewhere, now offers him. Incentives to study and to diligence will be found in every hospital school; many of the lecturers are distinguished by the personal interest they take in the welfare of those who study under them, and good advice will not be wanting from the many gentlemen whose inaugural addresses, on the 1st of October, will mark the opening of the session 1860–61.

There is one word of advice which we offer, not only to students now commencing their studies, but also to those who are resuming their attendance for the second and third years. It is, early to acquire the habit of "making a note" of what they see. So numerous are the subjects for observation—so various are the features, so different the colouring, of the many things to be remembered and noted, that the most retentive mind could not retain one tithe of what passes before it without the aid of a note-book. It is not notes of lectures to which we now allude—they will be found useful; but the practice we advise is, to make a memorandum of whatever strikes the observer when in the wards in reference to cases under treatment; a note of the leading symptoms of a case; the treatment,—and chiefly the principle,—or "the reason why" such and such a plan of treatment or remedy is employed. As to what other things the student should note, the limits of this article do not permit us to refer to them; suffice it to say, that recording in a brief manner, the observations which fall from the lips of the physician or surgeon, explanatory of the case, will rapidly familiarize the student with those features of it which are most worthy of record and remembrance.

Let us endeavour to trace the progress of a young pupil, fired with the laudable ambition of distinguishing himself, and determined to merit, not only the approbation of teachers, the congratulations of friends, the affectionate greetings of parents, but the silent approval of his own conscience, often more difficult to satisfy. The first year's career finds him, with praiseworthy industry, a master of the first rudiments of anatomy; he has studied and learnt the structure and uses of the skeleton; he has dissected part by part, and acquired a general knowledge of the visceral, muscular, vascular, and nervous systems. Physiology has explained to him the functions of the

parts, and Chemistry has unfolded to him an outline of the powers and properties of matter; and the end of his first session finds him well placed in the list of meritorious candidates for the competitive examination for first year's students. He has visited the wards, and has familiarized himself with the kind of information he will gather there. The first year may be accepted as the test of his career. Habits of industry formed then are rarely, if ever, lost; they are retained, not only through the probationary period of his studentship, but they will grace with productive activity the remaining years of his life. Many parents, whose anxious fears naturally follow this early period of their son's career, may calm their anxiety with the consolation that a first year well spent in a medical school is assurance of no mean value of the favourable progress which their son will make afterwards. Those who have the largest experience in the training of youth for the medical profession will testify to the fact, that a first year's student who has done well—who has earned commendation for industry and attention, has rarely, if ever, been known to become infected with the idleness and dissipation formerly so characteristic of the medical student. The career of the diligent student thenceforth may be briefly stated: the second and third years find him equally studious, with enlarged views; and, impelled by the longing of a daily-increasing appetite for scientific knowledge, he is soon placed foremost in the ranks of those most eager for instruction in the wards.

The physicians and surgeons are personally interested in selecting from the most intelligent and the most industrious their clinical clerks and dressers. These offices it should be the ambition, as well as the duty, of the student to obtain. The advantages they offer are very great; the more so in proportion to the experience and tact, as a clinical teacher, of the physician or surgeon whom he serves. But even under any hospital officer, the duties of clinical clerk or dresser afford opportunities for obtaining an insight into the symptoms of disease, the effects of treatment, and the general progress of a case, which no "going round" will ever impart.

We can here again, with pride and satisfaction, allude to the influence which this journal has exercised for the benefit of the student. In almost all the metropolitan and provincial hospitals such offices are now thrown open to competition by examination. Fees for these appointments are now the exception. The evil of their being paid for was enormous. They were obtainable only by favouritism and money. The humble, industrious, hard-working, but poor student, had no chance of holding them. Sons, nephews, cousins, or private pupils of those in office were alone selected. But all is changed now. Competitive examination decides the election; and the pupil, whose career we have sketched, and who has so promisingly laid the foundation for his future success in life, has now a better chance than the most favoured by patronage or fortune. It is not likely that the duties of an office, for which there may have been several candidates, will be neglected by him who gains the appointment by examination. He will appreciate too highly the advantages which are before him to misuse them. The physician quickly finds that his case-books are efficiently kept, and is at once ready to acknowledge the superiority of the present system of selection over the past. Let the student for a moment reflect on the value of this introduction to bedside instruction. He learns not only how to get all the information needed from the patient, his history, his sensations, the state of his functions, but he imperceptibly learns how to get this with all gentleness, not as one asking idle and objectless questions, but as a true physician, sympathizing with his patient, and gathering information for his relief. Nor are these the only advantages of such an office. The first introductions of a young man to practice may influence his future success in no light degree. His duties as clinical clerk or dresser have endowed him with such practised acquaintance with the minor details of his duty to the sick, that confidence and trust are at once reposed in him; and his patient feels a security beyond that which his age would justify, had not early industry and experience endowed him with the prerogative of years.

Thus rapidly have we sketched and lightly touched on the chief benefits which diligence obtains, and the advantages which improved hospital management offers to the industrious and well-conducted. But our task would be but half complete were we to neglect to notice those who, with the will to win, are beaten in the race of competition, and either have no time to wait their turn, or fail altogether in getting placed sufficiently prominent to be entitled to a clerkship or dresserships. All cannot gain these posts; but all can benefit in their degree by the extensive field of observation that a public hospital affords. There are always special cases worthy of note; there is always information to be gathered where the gleaner is zealous and active. Questions can always be asked, and instruction gained from the lips of the physician or surgeon. And here we are tempted to offer a few remarks on oral instruction. It has ever appeared to us that the method of teaching employed in medical schools is the best calculated to bring out the capability, learning, and experience of the teacher, as well as to adapt itself to the varying capacity of the student. This method is essentially oral; by lectures, demonstrations, and illustrations. It is peculiarly adapted to the teaching of Medicine and Surgery. Let it be distinctly understood that by "lecture" we do not mean a mere reading of an essay—the dullest, the least efficient method of teaching, and totally incompatible with the transmission of practical information. Such lectures are at best but the collating the writings and opinions of others on a given subject, with an interpolation here and there of the lecturer's own views: such teaching is ineffective and without power. No teacher should be appointed or tolerated who cannot convey instruction extemporaneously and largely in the conversational style: addressing himself first to one auditor, then to another; and varying, perhaps, his illustrations or explanations as he feels that his language and terms are properly understood. This style of teaching begets that familiarity between teacher and disciple which is so essential to the successful transmission of scientific data, and their ready reception by the student. This method of imparting instruction generates a sense of that serious responsibility which the mere reader of a lecture avoids. Moreover, the teacher by demonstration and illustration identifies his own convictions with the matter he describes.

The tendency of this system is to beget a wholesome familiarity between teacher and disciple, which exercises a high moral influence over the student, and in its turn develops a well-defined feeling of respect which in numberless instances is known to last as long as life endures, and to surround even the memory of our early teacher with a lasting esteem. Many of us remember, even with almost filial respect and fondness, the qualities of those minds from

which we gleaned the first principles of our science. The student, especially the diffident one, should be encouraged to identify himself with his teacher; to feel that he has a like interest in acquiring knowledge which the lecturer has in imparting it. To look up with respect to a lecturer whose experience entitles him to such esteem, can only be expected from those whose education has been largely benefited and made eminently practical by their instructor. The student, therefore, who cannot understand the principles of treatment in any individual case, should be encouraged to ask "the reason why." This encouragement to seek at the hands of the physician or surgeon explanations of rules of practice that may seem to the student's mind obscure, serves a twofold purpose: it accustoms the student to study the principles of treatment, and it secures him hereafter from those errors of practice which arise from mere routine. Let the student never hesitate to pursue this course, diffidently yet earnestly. A lecturer devoted to his subject, a clinical teacher devoted to his cases, is never more gratified than when such questions are put, nor more pleased than in making clear and intelligible all he says or does. Pertinent questions draw forth from the storehouse of knowledge and experience many a remark pregnant with instruction to young and eager minds; and he who flinches or shrinks from such questioning is little fitted for the post of a public instructor.

If these be the duties of the lecturer towards the student, those of the latter towards his teacher are not less well defined. They may be comprised in a few words: not with indifference to neglect the care and patience devoted to his instruction; not to chill by inattention the zeal with which a conscientious medical officer seeks to perform his duties to those who have placed themselves under his tuition. There is no gratification, perhaps, so pure as that of having imparted to the student some of the earnestness and love of his profession which a zealous teacher feels; and there is no conduct so calculated to lead to laxity and indifference to the progress of the student as carelessness or idleness on his part. The student, therefore, convinced of the reciprocal duties belonging to each, enters on and pursues his career of study with every advantage and prospect of success. And such feelings mutually entertained, there can never be any fear that the one will fail in devotion to the instruction of his pupil, or that the other will ever be negligent or inattentive to the maxims and teaching of his tutor.

It is no part of our duty, and still less our inclination, to point out to those who are now entering the Schools for the first time any one for their selection. But we conceive that it is not beyond our province to lay down some marks for the guidance of the youthful student or his guardians in seeking a place where his medical education shall be completed. The large endowed hospitals have some advantages over the smaller, which are counterbalanced in the latter by some which are equally valuable. In the former, more numerous cases enlarge the sphere of observation, but the number of students affords diminished chances for obtaining clerkships or dresserships. In the smaller hospitals, a more concentrated attention on fewer cases can be made, and there is a greater certainty of succeeding to the office of dresser or house-surgeon, which every diligent student should seek.

The principle of competitive selection is now generally recognised, and we advise the attention of the student to be directed to those hospitals where this practice is adopted in its largest and most comprehensive bearing. Where clinical clerks and dressers are selected by examination, and where the still more valuable but until lately closed appointments of house-physician and house-surgeon are open to competition without expense of any kind, there we conceive will be found the highest advantages.

To whatever School, then, the student may enter, it is evident that his success or failure must mainly depend upon himself. No advantages which an institution can confer,—no labour or exertion which his teacher may make,—will counterbalance inattention or idleness upon the part of the pupil. To succeed in a profession like that of Medicine, industry, perseverance, and self-denial are essential. No man has ever attained to any eminence in our calling who has not devoted himself, heart and soul, to zealous and unwearied study. There is no "royal road" to distinction in our profession. The path to eminence is one of labour and difficulty; but it has its rewards,—rewards which exclusively belong to the practitioner of Medicine,—the capacity of conferring advantages, beyond that of any other profession, upon his suffering fellow-creatures. It is encouraging to those who are struggling with difficulties to know that the greatest amongst us attained eminence by their own courage and perseverance. The early career of HARVEY, JENNER, HUNTER, and a host of others who are our "household gods," was one of toil, anxiety, and disappointment; but they had their reward. It is not in the nature of things that such illustrious men should rise up every day amongst us; but every student who pursues the study of his profession with a due regard to its usefulness and importance will, undoubtedly, reap the fruits of his labour. Let, then, each youthful inquirer labour assiduously to fit himself for the proper exercise of the duties which appertain to the practitioner of Medicine. It is not at all necessary to success in life that he should be a "prizeman," or obtain certificates of honour. We do not undervalue these distinctions; but they are not to be regarded as the invariable tests of superiority. The real object of the student is to become a scientific practitioner. We have indicated in the preceding remarks how he is to obtain that enviable position: not by unusual proficiency in any *one* department; not by devoting himself to the exclusive study of one branch of medical science; but by an accurate observation of the human body in all its conditions of health and disease. He must not lose sight of the great landmarks of Medicine by undue attention to microscopical or chemical phenomena. These may be added effectively to his more important studies; but the basis of all must ever be anatomy and clinical study. Fortunately for the present race of students, they have full opportunities, wherever they may be placed, of obtaining a practical knowledge of their profession. Fortified by this conviction, it rests with themselves to do honour to their calling, in whatever position they may be placed, resting assured that if they

"Spurn delights and live laborious days,"

they will not have made the sacrifice in vain.

We desire most earnestly to urge all students seriously to consider these manifold opportunities, and zealously and industriously to avail themselves of them. They are on the threshold of a profession which stands pre-eminent for the benevolent services it renders to mankind, irrespective of nation, country, or place. Its principles and actions are universal, are recognised alike by rich and poor, and are as

acceptable to the crowned head as to the famishing pauper. They are applied with equal influence and advantage to every people from pole to pole. Such reflections must rouse the dullest and most lethargic conscientiously to fit themselves for a profession of such wide and universal utility, and so to employ the period of their studentship that they may afterwards exercise this noble and beneficent profession to the advantage of mankind, to the advance of true science, as well as to the glory of Him whose truly wonderful laws they seek to interpret.

WE observe with much satisfaction, that the Royal Agricultural Society of England has offered a prize for the best essay "On the best Mode of Harvesting and Thrashing Corn." The points to be illustrated are: the comparative advantages of mowing, "bagging," and reaping wheat, in respect of labour of men and horses in cutting, carting, stacking, and thrashing; variations of climate; the value of the straw; the preparation for autumn cultivation; the best position for the stacks; the comparative advantage of thrashing in the field or in the barn; the benefit derived from large barns in relation to their cost, and the possibility of providing a less costly substitute.

There cannot be a doubt that all these points are worthy of full and minute discussion; but it is not a little singular that no special attention should be directed to the methods of gathering the crops in wet weather, and of drying them artificially. This part of the problem of harvesting is obviously one of paramount importance. It not only embraces, in some instances, the primary question of saving the crop, but we are convinced that it will hereafter be found to include the secondary question of the preservation of the grain after thrashing. Every year a considerable proportion of the stored wheat—and the remark applies to other stored crops—is damaged or destroyed. No condition probably is more active as a cause of deterioration than imperfect desiccation. In some cases, kiln-drying is resorted to. But the action of this method ought to be reconsidered in comparison with the advantages of "wind-drying"—a process which may be applied either to wheat in the ear, or after thrashing. The attention of our brethren practising in the provinces might be with great advantage turned to this subject. The scientific knowledge they possess, and the opportunities of observation they enjoy, if brought into freer interchange with the practical knowledge of agriculturists, could not fail to result in valuable improvements.

ACADEMIC CHANGES AT ABERDEEN.

OFFICIAL announcement has recently been made that the Queen has appointed the undermentioned gentlemen to Chairs in Medical Science, newly established in the University of Aberdeen:—Midwifery, Dr. Dyce; Botany, Dr. Dickie; Materia Medica, Dr. Harvey; Institutes of Medicine, Dr. Ogilvie. These appointments are in virtue of the changes in the collegiate system of Aberdeen lately made at the instance of the University Commission. The dual establishments — King's and Marischal Colleges—no longer exist; the individuality of Marischal College is extinguished, or at least merged in that of King's. Thus the lecturers recently appointed to the Chairs newly constituted in the University of Aberdeen for the most part held similar appointments in the lately existent Marischal College.

Drs. Dyce and Ogilvie were both lecturers in the branches of which they have been made Professors. Dr. Harvey is a native of Aberdeen; he was formerly a lecturer on the Institutes and Practice of Medicine, and was also one of the physicians to the Royal Infirmary. Dr. Dickie is also a native of Aberdeen, and previous to his appointment to the Chair of Natural History in Queen's College, Belfast, he was for several years lecturer in King's College, Aberdeen. By the fiat of the University Commissioners the new College arrangements now come into effect, and Marischal College ceases to exist as an institution. On the 17th of September, 1505, Bishop Elphinstone founded King's College; and on the 15th of September, 1860,—just 355 years afterwards,—it receives a fresh accession of dignity, and becomes the collegiate representative of instruction in Aberdeen, its rival College, with many hallowed associations, being now extinct.

GENUINE FOOD FOR THE POOR.

THE important question of the application to the City of London of the Adulteration of Food Act, is under the consideration of the Commissioners of Sewers. At the last meeting of this body, Mr. Deputy Scott said that he perceived by the reading of the Minutes of the preceding Court that an Act of Parliament that had just been passed by the Legislature had been referred to a Committee for consideration. The Act to which he alluded was the Adulteration of Food Act, and the provisions of that Act appeared to him to be of a very important character, because if it was carried out the effect would be to enable the poor to obtain genuine food of every description—bread, milk, beer, &c. The Act, however, was only permissive, and he was anxious to know whether the terms under which the consideration of the subject was referred to a committee were such as would enable them to recommend that the Act should be adopted in the City of London if they thought proper to do so. It appeared to him that this Act of Parliament was a most beneficial one, and he hoped to see it carried into effect. The Chairman said that by the terms of the reference the Committee were invested with full powers. This important initiative will, doubtless, be observed by municipal bodies and vestries throughout the kingdom; and we trust soon to report that these means are provided for "enabling the poor to obtain genuine food of every description."

THE CHOLERA AT GIBRALTAR.

THE cholera, which has long hovered over Spain, and from which Malaga has been free but a fortnight, has passed the frontier and reached Gibraltar. The same dispatch which brings this ominous intelligence adds the cheering statement that "every precaution that sanitary science can suggest to prevent the further spread of the epidemic has been adopted by Sir William Codrington, on the advice of the principal medical officer, Dr. Paynter." No doubt that able medical officer will suggest precautions as to the feeding, clothing, and exercise of the healthy, and the segregation of the sick, which will be attended with useful results. The statement would, however, convey a far more solid sense of security to the mind of the well-informed medical reader if he were not obliged to reflect that in respect to the origin and mode of extension of those terrible epidemic diseases, Asiatic cholera and yellow fever, the medical world is still at issue, and have not yet been able even to agree upon so important a question as the communicability of these two diseases. Dr. Bryson, Inspector-General of Hospitals, R.N., in a preface to a recent "Report on the Health of the Royal Navy," forcibly illustrates the evils resulting from the want of consistency and uniformity in the opinions held respecting the means to be adopted when either malady makes its appearance in a ship of war. While one class of medical officers, assuming that the disease, like small-pox and measles,

spreads by infection, recommends the segregation of the sick from the healthy, and a change of locality with improved ventilation; the other, believing that it is the offspring of some unknown cause of an atmospheric nature, or of offensive matters contained in the holds, recommends the latter to be cleared out on the spot, and the sick to be removed on shore, whether the disease may or may not be prevalent amongst the inhabitants. Dr. Bryson remarks that it is clearly evident that one of these modes of procedure must be wrong, or at all events superfluous; for if the disease does not spread by infection, the separation of the sick from the healthy can do no good, but, by creating unnecessary alarm and confusion, may cause considerable evil. But if it does spread, like small-pox and measles, by infection, then a heavy responsibility rests with those who recommend measures which can only tend to its extension, and the destruction of probably a third of the ship's company, and possibly hundreds of the population on shore. This kind of commentary is far from reassuring to the civil population, or complimentary to medical science. But it is necessary to face our deficiencies if we would supply them. In no matter do we require more definite facts on which to build a system of treatment than in relation to Asiatic cholera—that terrible epidemic which now sets at nought our science in much that pertains to its origin, its progress, and its cure.

THE ORIGIN OF SPECIES.

DR. DAUBENY, the Professor of Botany in the University of Oxford, has put forth some "Remarks on the Sexuality of Plants," with particular reference to Mr. Darwin's work on the "Origin of Species," in the form of a pamphlet, in which this learned physician records his emphatic dissent from Mr. Darwin's theory regarded from its botanical side. Dr. Daubeny demurs at considering the distinctive faculties of the beings that stand in the higher ranks of the creation as mere developments of those which exist in the lower. He can hardly bring himself to believe that the activity, the quick perceptions, the various instincts which we observe in the vertebrata can have been elaborated out of the dull, vegetative faculties of the invertebrate class; and still less that the reason, the imagination, the moral sense of man can have been owing to a mere expansion of the brain of the gorilla. Dr. Daubeny attacks the theorists who rely upon variation and natural selection as adequate causes for the multiplication of species, by examining critically the facts connected with the achievements of human skill in the domestication of animals, to which Mr. Darwin and his followers constantly refer with confidence in support of their theory. He observes that human ingenuity has doubtless introduced many very striking deviations both in plants and animals from the original type; it has never yet, however, proceeded so far as to give rise to what naturalists would regard as a new species—that is, an individual incapable of producing a fertile progeny with any other member of the parent stock.

Correspondence.

"Audi alteram partem."

A SANITARIUM FOR INDIA.

To the Editor of THE LANCET.

SIR,—As I have now been for four years in medical charge of the Bengal Cruizing Station at the Sandheads, and as much has been lately mooted with regard to its advantage as a sanitarium, and as I believe so little is generally known on the subject, I thought it might be interesting to some of the readers of THE LANCET—to which I am a "constant subscriber"—to hear of its actual capabilities. I have therefore taken the liberty of forwarding the following particulars:—

The Bengal Pilot Establishment at the Sandheads, the cruizing ground of which is from thirty to forty miles to the S. and S.W. of the island of Sangor, is the last land visible on leaving the river Hoogly, so that the pilot brigs are constantly out of sight of land. In the N.E. Monsoon, which is the fine weather, and which commences in November and ends about the latter end of April, invalids often come from Calcutta for a change, and experience much benefit from the sea trip. In the S.W. Monsoon, the weather is very rough, and the vessels consequently are uncomfortable for invalids, excepting for those who are accustomed to exposure.

Sea-bathing is particularly beneficial to some convalescents, and the manner in which it is applied is as follows:—There is a small canvas house or tent fitted up, which is perforated at the top, so as to form a shower bath by the sea water being poured in by natives attending for that purpose. This arrangement cannot, however, be rigged in any but moderate weather.

The officers of the Bengal Marines are generally in the enjoyment of good health, excepting the occasional occurrence of diarrhœa, dysentery, and fever contracted by exposure to the weather and tropical sun, and various other causes accruing from the arduous nature of their profession.

Amongst the natives forming the crews of the different pilot vessels under my charge, frequent cases of disease occur. Intermittent fever is by no means uncommon, and, what may appear strange, it generally breaks out towards the end of each trip, or when the vessels have been at sea for two months, and not when the men are actually exposed to miasmatic influence in coming down the river, as in such cases the zymotic poison appears to lie dormant until by fatigue and exposure to the weather the greater part of the crew are brought into a state of impaired tonicity, when it shows itself in various diseases of a low type.

I am, Sir, your obedient servant,

RODERIC O'CONOR,
Medical Officer in Charge of the Bengal Cruizing Station, Sandheads.

August, 1860.

DR. CARSON'S MODE OF SLAUGHTERING CATTLE.

To the Editor of THE LANCET.

SIR,—Will you allow me, through your valuable journal, to draw the attention of the medical profession to a subject which, in a physiological point of view, must be of great importance to medical practitioners, and, in the economy of life, a vast boon to the public?

About twenty years ago, my father, the late Dr. Carson, took out a patent for a new method of slaughtering animals, based upon the physiological doctrines promulgated by him in his "Enquiry," published in 1833. Shortly after the patent was acquired, my father fell into bad health, and, as great prejudice against the method existed, by the advice of my brother, who was then a rising young physician, although he quite approved of the principle, the patent was allowed to lapse, without his family deriving any advantage from it.

Being so thoroughly convinced of the superiority of the meat killed by this mode, I have occasionally, since my father's death, had sheep, calves, lambs, and pigs slain in this way, and for nearly two years my butcher has constantly killed these smaller animals. I have not allowed him to attempt the slaughter of oxen, for which indeed he has not suitable tackle; but his man now kills with the greatest facility the animals I have mentioned. Everyone who partakes of the meat admits its superiority in flavour, in tenderness, and in juiciness. It keeps longer than meat killed in the ordinary way, it cures admirably, and is without doubt more nutritious. A number of scientific men in London have tasted it, and they have all expressed to me their great approbation of it, but I am not at liberty at present to publish their names.

The first process in killing is by collapsion of the lung which can be done in from about twenty to thirty seconds and immediately afterwards, to facilitate death, to dest irritability by cutting the spinal cord. The animal dies imme diately, and in the operation only a few drops of blood are l In dressing, the only blood which flows away is venous; it as dark as pitch; it soon coagulates and becomes a solid ma and is perfectly free from serosity. About one-half more the blood, and all the finer juices, are retained by this proces than in animals slaughtered in the ordinary manner—in sheep perhaps three pounds' weight, and in an ox as much twenty.

In seeing the butcher dress the animal, the inquiring and

thinking physiologist will be particularly struck with the appearance of the bowels and viscera, the veins and arteries of which resemble red netted work, and which in the ordinary mode of slaughtering are perfectly blanched.

The operation, though exceedingly simple, requires a little practice, and if attempted by an unskilled person may end in failure. My butcher suspends the animal by the fore feet, the carcase being quite off the ground; and the hind feet are fastened to a ring in the floor to keep the animal steady. He then makes an incision into the chest with a scalpel on each side, between the fifth and sixth ribs, after which you hear the air distinctly rushing into the chest. But in order to make the collapse as complete as possible, I have made the man use large elastic enema bags with a valve. The operation with him is now perfectly successful, and he never makes a mistake.

I am not a medical man myself, and, although well acquainted with the physiological views of my late parent, I am not able to discuss this subject with the eminent physiologists of the present day, but of the superiority of this over the ordinary practice I have not the least doubt.

I am, Sir, your obedient servant,

Liverpool, Sept. 1860. P. M. CARSON.

*** A leg of Cheviot mutton was sent to us by Mr. Carson, cut from a sheep which had been killed according to the method he has described. Although cooked in the ordinary way, it certainly was unusually good with regard to tenderness, flavour, and the large quantity of gravy which it afforded.—ED. L.

A SUBSTITUTE FOR THE CATHETER.

To the Editor of THE LANCET.

SIR,—Some two years ago I had under my care a man who had received a fracture of the spine. Inability to micturate was one of his symptoms, and I expected that I should in this case, as I had witnessed in some others, have to use the catheter very frequently. It occurred to me, however, that by pressing over the region of the bladder the urine might be discharged, and so it proved, for when any fluid collected in the bladder the patient was always relieved by gentle, equable pressure. He never required the use of the catheter, and, though he survived his accident about three months, no urine ever escaped except under pressure.

Your obedient servant,

Helston, Cornwall, Sept. 1860. J. WEARNE, M.R.C.S.

OCCURRENCE OF SYPHILIS IN CHILDHOOD.

To the Editor of THE LANCET.

SIR,—Seeing in your impression of last week the report of a case of "Well-marked Syphilis in a Female Child, aged ten years," I am induced to send you a somewhat similar case, which occurred two years ago in the Dorset County Hospital during my house surgeoncy:—

A girl, aged thirteen years, was admitted with ulceration and swelling of the labia (said to have been of four months' duration), together with psoriasis and ulceration of the throat; the latter symptoms had not existed so long, by the mother's account, as the former. As the swelling decreased, the hymen was found to be quite intact. No cause was admitted for the disease either by the mother or child, who was small for her age, and not arrived at puberty.

I am, Sir, your obedient servant,

Blandford, Dorset, Sept. 1860. W. G. BACOT, M.R.C.S.

REGULATIONS OF UNIVERSITIES, COLLEGES, AND MEDICAL EXAMINING BOARDS IN SCOTLAND AND IRELAND.

UNIVERSITY OF EDINBURGH.

STATUTES.

SECT. I. No one shall be admitted to the examinations for the degree of Doctor of Medicine who has not been engaged in medical study for four years, during at least six months of each, in the University of Edinburgh, or in some other university where the degree of M.D. is given; unless, in addition to three medical sessions so constituted, he has attended, during at least six winter months, the medical or surgical practice of a general hospital, which accommodates at least eighty patients, and during the same period a course of Practical Anatomy.

Section II. No one shall be admitted to the examinations for the degree of Doctor who has not given sufficient evidence—

1. That he has studied, once at least, each of the following departments of medical science, under Professors of Medicine, in this or in some other university, as already defined, viz.:—Anatomy; Chemistry; Materia Medica and Pharmacy; Institutes of Medicine or Physiology; Practice of Medicine; Surgery; Midwifery and the Diseases peculiar to Women and Children; General Pathology, or in schools where there is no such course, a three months' course of lectures on Morbid Anatomy, together with a supplemental course of Practice of Medicine or Clinical Medicine; Practical Anatomy (unless it has been attended in the year of extra-academical study allowed by Sect. I.)—during courses of six months. Clinical Medicine—that is, the treatment of patients in a public hospital, under a Professor of Medicine, by whom lectures on the cases are given—during courses of six months, or two courses of three months. Clinical Surgery; Medical Jurisprudence; Botany; Natural History, including Zoology—during courses of at least three months.

2. That, in each year of his academical studies in Medicine, he has attended at least two six months' courses of lectures, or one of these and two three months' courses.

3. That, besides the course of Clinical Medicine already prescribed, he has attended, for at least six months of another year, the medical or surgical practice of a general hospital, either at Edinburgh or elsewhere, which accommodates no fewer than eighty patients.

4. That he has been engaged, for at least six months, by apprenticeship or otherwise, in compounding and dispensing drugs at the laboratory of an hospital, dispensary, member of a surgical college or faculty, licentiate of the London or Dublin Society of Apothecaries, or a professional chemist or druggist.

5. That he has attended, for at least six months, by apprenticeship or otherwise, the out-practice of an hospital, or the practice of a dispensary, physician, surgeon, or member of the London or Dublin Society of Apothecaries.

Sect. III. Attendance on the lectures of Teachers of Medicine in the hospital schools of London, or school of the College of Surgeons in Dublin, or of Teachers of Medicine in Edinburgh, recognised as such by the Royal Colleges of Physicians and Surgeons of Edinburgh (in accordance with regulations to be adopted by these Colleges jointly, and approved of by the Patrons of the University), shall to the extent of one-third of the whole departments required by Section II., Clause 1, to be studied by candidates, be held equivalent to attendance under Professors in this or in some other University, as already defined. And such attendance shall be available to candidates to the extent of one of the four years of study required by Section I., provided it has embraced, in one year, at least two six months' courses of lectures, or one of these and two three months' courses.

Sect. IV. No one shall obtain the degree of Doctor who has not studied, in the manner already prescribed, for at least one year previous to his graduation, in the University of Edinburgh.

Sect. V. Every candidate must deliver, before the 31st of March of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine—

1. A declaration, in his own handwriting, that he is twenty-one years of age, or will be so before the day of graduation; and that he will not be then under articles of apprenticeship to any surgeon or other master.

2. A statement of his studies, as well in Literature and Philosophy as in Medicine, accompanied with proper certificates.

3. A medical dissertation composed by himself, in Latin or English; to be perused by a Professor, and subject to his approval.

Sect. VI. Before a candidate be examined in Medicine, the Medical Faculty shall ascertain, by examination, that he possesses a competent knowledge of the Latin language.

Sect. VII. If the Faculty be satisfied on this point, they shall proceed to examine him, either *viva voce* or in writing—first, on Anatomy, Chemistry, Botany, Institutes of Medicine, and Natural History, bearing chiefly on Zoology; and, secondly, on Materia Medica, Pathology, Practice of Medicine, Surgery, Midwifery, and Medical Jurisprudence.

Sect. VIII. Students who profess themselves ready to submit to an examination on the first division of these subjects at the end of the third year of their studies, shall be admitted to it at that time.

Sect. IX. If anyone, at these private examinations, be found unqualified for the degree, he must study, during another year, two of the subjects prescribed in Section II., Clause 1, in this or in some other University, as above defined, before he can be admitted to another examination.

Sect. X. Should he be approved of, he will be allowed, but not required, to print his thesis; and, if printed, forty copies of it must be delivered before the 25th day of July to the Dean of the Medical Faculty.

Sect. XI. If the candidate have satisfied the Medical Faculty, the Dean shall lay the proceedings before the Senatus Academicus, by whose authority the candidate shall be summoned, on the 31st of July, to defend his thesis; and, finally, if the Senate think fit, he shall be admitted, on the first lawful day of August, to the degree of Doctor.

Sect. XII. The Senatus Academicus, on the day here appointed, shall assemble at ten o'clock A.M., for the purpose of conferring the degree; and no candidate, unless a sufficient reason be assigned, shall absent himself, on pain of being refused his degree for that year.

Sect. XIII. Candidates for graduation shall be required to produce evidence of their having conformed to those regulations which were in force at the time they commenced their medical studies in a university.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH.

JOINT REGULATIONS FOR THE DOUBLE QUALIFICATION IN MEDICINE AND IN SURGERY.

The Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh, while they still continue to give their diplomas separately, under separate regulations, have made arrangements by which, after one series of examinations, the student may obtain two licences—one in Medicine and one in Surgery.

COURSE OF STUDY.

1. *Preliminary Instruction.*—Every applicant must satisfy the examiners that he has a competent knowledge of—1. The grammatical structure of the English and Latin languages. 2. Elements of Mathematics, including Arithmetic and Algebra. 3. Natural Philosophy; or in lieu of this, at the option of the candidate, Logic and Mental Philosophy. 4. After August, 1861, a knowledge of Greek, or, in lieu of Greek, at the option of the candidate, French, German, or Italian, will be required.

2. *Professional Instruction.*—The candidate must have been engaged in attending the following separate and distinct courses of Lectures during at least four winter and three summer sessions:—Anatomy, two courses of six months each; Practical Anatomy, twelve months; Chemistry, six months; Practical Chemistry, three months; or Analytical Chemistry, three months; Materia Medica, three or six months; Physiology, or Institutes of Medicine, Practice of Medicine, six months each; Clinical Medicine, twelve months; Surgery, Clinical Surgery, six months each, and a second course either of Surgery or of Clinical Surgery; Midwifery and the Diseases of Women and Children, Medical Jurisprudence, Pathological Anatomy, or General Pathology, Botany, three months each.

The candidate must have attended at least six cases of Labour under the superintendence of a qualified medical practitioner, either in a recognised maternity hospital, or a dispensary where midwifery cases are admitted, or in private practice; and must produce a certificate to that effect from the practitioner under whom he attended.* He must also have attended, for six months, a course of instruction in Practical Pharmacy, at the laboratory of a surgeon or apothecary, or of a member of the Pharmaceutical Society of Great Britain, or of a chemist and druggist recognised by either College, on special application, or of a public hospital or dispensary.

The candidate must also have attended, for twenty-four months, a public general hospital, containing on an average eighty patients; or he must have attended such an hospital for twenty-one months, and have also attended for six months the practice of a public dispensary specially recognised by either College.

Preliminary Examination in Literature and Science.—1. This takes place three times in each year, at the periods mentioned in the Appendix. This examination may be taken at any period previous to the first professional examination.

2. Testimonials of proficiency accepted as sufficient evidence of preliminary education:—A degree in Arts of any University of the United Kingdom, of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council; Oxford Responsions or Moderations; Cambridge Previous Examinations; Matriculation Examination of the University of London; Oxford Middle-Class Examinations, Senior and Junior; Cambridge Middle-Class Examinations, Senior and Junior; Durham Middle-Class Senior Examination; Dublin University Entrance Examination; an Examination by an other University in the United Kingdom, equivalent to the Middle-Class Examinations of Oxford and Cambridge; a certificate that the holder has successfully passed the Preliminary Examination of any of the licensing bodies under the Medical Act, provided the course of education and the subjects of examination be equivalent to those required for the double qualification.

3. Students who intend to offer themselves for the preliminary examination shall give in their names, addresses, and places of birth to the officer of either College, not later than two days before the day of examination, and shall pay a fee of ten shillings, not to be returned in case of rejection.

Professional Examinations.—1. Candidates for the double qualification shall be subjected to two professional examinations, to be conducted at separate times, partly in writing and partly orally.

2. The *first examination* shall embrace Anatomy, Physiology, Chemistry, and Botany; the second, Pathological Anatomy, Materia Medica, Pharmacy, Medical Jurisprudence, Midwifery, Surgery, and Medicine.

3. Candidates shall not be admitted to the first examination until after twenty-one months of attendance on professional classes.

4. Opportunities for the first examination will be presented six times in each year, at the periods mentioned in the Appendix.

5. Candidates who desire to pass the first professional examination must apply to the Inspector of Certificates on or before the Saturday preceding the day of examination, and must produce registered tickets and also certificates of attendance in regard to all those courses of study which have reference to the subjects of that examination. They must also produce a certificate of having passed the preliminary examination.

6. The sum of £6 must be paid to the Inspector of Certificates for this examination, not later than ten A.M. of the day preceding it. This sum will be considered as paid to account of the entire fee of £16 payable for the two diplomas constituting the double qualification.

7. In the case of a candidate being unsuccessful at this examination, £4 will be returned to him, the remaining £2 being retained to meet the expense of examination.

8. The *second examination* shall take place six times in each year, at the periods mentioned in the Appendix.

9. No candidate shall be admitted to this examination before the termination of his fourth winter session.

10. Applications for examination must be made to the Inspector of Certificates not later than the Saturday previous to the day of the first examination.

11. Every candidate must produce to the Inspector—1st, satisfactory evidence of his having attained the age of twenty-one years; 2nd, the registered tickets and the certificates of his classes; 3rd, a tabular statement (for which a printed form will be furnished by the Inspector) exhibiting the full amount of his professional education, and distinguishing the classes, hospitals, and dispensaries attended during each session of his studies; and 4th, the certificate of his having passed the first professional examination. The tabular statement above referred to, accurately filled up, must be attested by his signature, and will be preserved by the Colleges as a record.

12. The fee payable for this examination, which shall be £10, must be lodged with the Inspector not later than ten A.M. of the day preceding the examination day.

13. On the production of the above documents, and after receiving the fees, the Inspector shall give the candidate a letter authorizing the examiners to take him on trial.

14. Unsuccessful candidates at either the first or second examination shall be remitted to their studies for a period to be determined by the judgment of the examiners, but not in any case for less than three months; and their names shall be concealed.

15. In case of a candidate being unsuccessful at the second examination, the fees for that examination will be returned to him, with the exception of the sum of £2, which will be retained to meet the expense of the examination.

16. In order to test more effectually the practical knowledge of candidates, anatomical and botanical specimens, articles of

* A certificate of instruction in Vaccination by a registered practitioner is also required.

the materia medica, chemical tests, the microscope and surgical apparatus, will be employed during the examinations; and every candidate will be required to write out one or more formulæ of prescription. The examination may also consist in part of the actual examination of persons labouring under disease.

17. Candidates, on showing sufficient reason for it, may be admitted to a special examination, on days other than those appointed above, on paying an extra fee of £5, which will not be returned in the event of their not being successful.

Appendix.—The following will be the periods of examination from Nov., 1860, to Aug., 1861:—1. Preliminary examination in literature and science, Nov. 3rd, 1860, May 4th and Aug. 3rd, 1861. 2. First professional examination, Nov. 7th, 1860, Feb. 6th, April 17th, May 8th, July 17th, and Aug. 7th, 1861. 3. The second professional examinations will take place immediately after the conclusion of each of the first professional examinations.

UNIVERSITY OF GLASGOW.

Principal—Thomas Barclay, D.D.
Clerk to the Senate—Duncan H. Weir, A.M.
Faculty of Medicine — Drs. Macfarlane, T. Anderson, Allen Thomson, Walker, Arnott, Rainy, Easton, Pagan, Buchanan, Mackenzie, and Mr. Lister.

Abstract of the Regulations for Degrees in Medicine and Surgery.

A candidate for the degree must produce written evidence of the following qualifications:—

1. A certificate of moral character, signed by two respectable persons, and evidence that he has attained the age of twenty-one years.

2. Evidence of having attended for four years, or four winter sessions of six months each, a University in which medical degrees are conferred, and medicine is regularly taught, or medical lectures delivered in London or Dublin. He must spend at least one of the four years at the University of Glasgow: and in each year he must have attended at least two courses of medical lectures of six months' duration. But if he shall spend only one year or session at the University of Glasgow, then he must attend not less than three courses of lectures delivered there, two of them at least being of six months' duration.

3. Certificates of attendance on all the following courses of instruction, each being of six months' duration, with the exception mentioned below:—Anatomy, Chemistry, Institutes of Medicine, Materia Medica and Pharmacy, Surgery, Practice of Medicine, Midwifery, Anatomical Dissections, Botany, Forensic Medicine, Practical Chemistry, Zoology (three months), General Hospital (two years, of not less than nine months each, or eighteen months). The hospital must contain not fewer than eighty beds; clinical instruction in Medicine and Surgery must be given in it, and the student must spend at least one half of the period of his attendance in the physicians' wards.

4. Each candidate for a medical degree must lodge with the clerk of the Senate the above certificates, and a schedule of his course of study properly filled up; together with an essay composed by himself, in Latin or English, on some medical subject of his own selection, on or before the 1st of March or the 10th of June, for the respective terms of graduation.

The days appointed for conferring degrees in Medicine and Surgery are the last Wednesday in April and the first Wednesday in August.

The University fee for the degree of M.D. is £15 3*s.*; the Government duty on stamp, £10; the fee for the degree of Chirurgæ Magister is £10 10*s.*

UNIVERSITY OF ST. ANDREWS.

Chancellor—The Duke of Argyll, LL.D.
Vice-Chancellor—Principal Tulloch, D.D.
Rector—Sir R. Anstruther, LL.D.
Librarian and Clerk to University—Rev. Jas. Macbean, M.A.

UNITED COLLEGE OF ST. SALVATOR AND ST. LEONARD.

Principal—James D. Forbes, D.C.L.
Professor of Medicine—Dr. Geo. E. Day, F.R.S.
Professor of Chemistry—Mr. A. Connell, F.R.S.L. & E.

Regulations for the Degree of Doctor of Medicine.

1. Every candidate for a diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence of unexceptionable moral character, of having had a liberal and classical education, and of having completed the twenty-first year of his age.

2. Fellows, members, and licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin; of the Royal College of Physicians of London; of the Faculty of Physicians and Surgeons of Glasgow; and of the London Apothecaries' Company, are eligible as candidates for the degree of Doctor of Medicine, on producing their diploma or licence.

3. Candidates not holding any of the qualifications enumerated in the above clause must produce satisfactory proof that they have regularly attended lectures delivered by professors in some University, or by the Fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or for three winter and three summer sessions, on the following branches:—Anatomy, two courses of six months each; Practical Anatomy or Dissections, twelve months; Physiology, Chemistry, one course of six months each; Practical Chemistry, Botany, Natural History or Comparative Anatomy, Materia Medica and Pharmacy, Midwifery and Diseases of Women and Children, and Medical Jurisprudence, one course of three months each; Surgery, Clinical Surgery, Practice of Medicine, Clinical Medicine, one course of six months each;—and that they have diligently attended, for at least two entire years, the medical practice in some public hospital in Great Britain or Ireland, containing not less than 100 beds, and having a regular establishment of physicians as well as surgeons.

Examiners for degrees in Medicine—Dr. Geo. E. Day, Mr. Arthur Connell, and Dr. Wm. Pyper, LL.D. (Latin.)
Assistant-Examiners—Dr. Alex. Wood, Dr. W. T. Gairdner.
In Surgery—Dr. G. Buchanan, Dr. John Struthers.
In Midwifery and Diseases of Women and Children—Dr. A. Anderson, Dr. J. M. Duncan.

The examinations take place three times in the year. The graduation fee is £26 5*s.* In the event of a candidate being found unqualified, he shall forfeit £5 of the graduation fee, which, however, will be accounted for to him when he passes his examination at a subsequent trial.

The examination by printed papers extends over three days, after which each candidate is submitted to an oral examination.

All candidates are required to give a written translation of a passage from the first four Books of Celsus, to write prescriptions in Latin with accuracy, and to be so far acquainted with Greek as to be able to give the meanings of scientific and medical terms.

UNIVERSITY OF DUBLIN (TRINITY COLLEGE).

Bachelor in Medicine.—The Bachelor in Medicine must be a Bachelor in Arts of Oxford, Cambridge, or Dublin. He must have spent four academic years in the study of Medicine, including courses of lectures of six months' duration each on Anatomy and Physiology, Practical Anatomy, Surgery, Chemistry, Materia Medica and Pharmacy, Institutes of Medicine and Pathology, Practice of Medicine, and Midwifery; and courses of three months' duration on Botany, Practical Chemistry, and Medical Jurisprudence; nine months' attendance on the clinical instruction given in Sir Patrick Dun's Hospital, and on that of any medico-chirurgical hospital approved by the Board of Trinity College. After the completion of the foregoing courses, the candidate for the degree of Bachelor of Medicine must pass a public examination of at least two days' duration, partly written and partly oral.

The certificates of lecturers in the following schools are recognised by the University of Dublin:—The School of Physic, Trinity College, the school of the College of Surgeons, the Richmond Hospital or Carmichael School, Steevens' Hospital School, and the Ledwich or Peter-street School. The following medico-chirurgical hospitals are recognised by the University of Dublin:—Hospitals of the House of Industry (Richmond, Whitworth, and Hardwicke), Mercer's Hospital, City of Dublin Hospital, St. Vincent's Hospital, Meath Hospital and County of Dublin Infirmary, Jervis-street Infirmary, Dr. Steevens' Hospital, and the Adelaide Hospital.

The lectures of the professors of the school of Trinity College are recognised by the Royal College of Surgeons of Ireland, by the King and Queen's College of Physicians, and by all the other licensing corporations in the United Kingdom.

Total amount of fees for the degree of M.B., £11 15*s.*

Doctor in Medicine.—The Doctor in Medicine must be a Bachelor of Arts of three years' standing. He requires no qualification in Medicine additional to that necessary for the Bachelor in Medicine.

Total amount of fees, £22.

Master in Surgery.—The Master in Surgery must be a Bachelor of Arts. He must have spent four academic years in the study of surgery, and attended the following courses: Anatomy and Physiology, two courses, each of six months; Theory and Practice of Surgery, two courses, each of six months; Demonstrations and Dissections, three courses, each of six months; Practice of Medicine, Chemistry, Materia Medica, and Midwifery, one course each, of six months' duration; Practical Chemistry, Botany, and Medical Jurisprudence, one course each, of three months' duration; Clinical Instruction of three sessions, of nine months each, in any of the recognised medico-chirurgical hospitals, including attendance for one session in an hospital having at least twenty beds for cases of fever, for which a special certificate must be produced.

Having completed the foregoing courses, the candidate for this degree must pass a public examination of two days' duration, partly written and partly oral.

Total amount of fees, £11 15*s.*

Licentiate in Medicine.—The Licentiate in Medicine must have kept one full year in Arts. The qualification in Medicine for Licentiate is the same as that for the degree of Bachelor in Medicine. A fee of £2 10*s.* is charged on taking the licence.

Licentiate in Surgery.—The Licentiate in Surgery must have kept one full year in Arts. The qualification in Surgery for Licentiate is the same as that for the degree of Master in Surgery. A fee of £2 10*s.* is charged on taking the licence.

Candidates for the above-mentioned degrees and licences must have kept an annus medicus in the School of Medicine and Surgery of Trinity College.

All students having their names on the College books, and who have matriculated in Medicine, are entitled to one free course from each of the University medical professors.

The candidates for the medical and surgical licences of the University of Dublin are subject to the College discipline during their course in Arts.

THE QUEEN'S UNIVERSITY IN IRELAND.

Every candidate for the degree of M.D. shall produce a certificate from the Council of one of the Queen's Colleges, that he has passed a full examination in the subjects of study prescribed in the Course of Matriculation for Arts, and has been admitted a matriculated student of the College in the Faculty of Medicine.

Matriculation Examination comprises—Greek, Grammar, Latin, Mathematics, Arithmetic and Algebra, History, and Geography.

The curriculum of medical instruction shall extend over a period of at least four years, and shall be divided into two periods of at least two years each.

The first period comprises attendance on courses of Chemistry, Botany and Zoology, Anatomy and Physiology, Practical Anatomy, and Materia Medica and Therapeutics, six months each.

The second period comprises attendance on—Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, and Theory and Practice of Medicine, six months each; Medical Jurisprudence, three months.

In addition to the above courses of lectures, candidates shall have attended courses on Natural Philosophy and one Modern Language in one of the Colleges of this University; also, during the first period, Practical Chemistry in a recognised laboratory, three months; Medico-Chirurgical Hospital, recognised by the Senate, containing at least sixty beds, together with clinical lectures therein delivered, at least two each week, six months.

And during the second period—Practical Midwifery at a recognised midwifery hospital, with the clinical lectures therein delivered, for a period of three months, in an hospital containing not less than fifteen beds; Practical Pharmacy, three months; hospital, with clinical lectures, eighteen months.

The first examination comprises the subjects of the first period of the curriculum; the second, subjects of the second period of study.

The fee for the degree of M.D. is £5.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

REGULATIONS, DATED JUNE, 1860.

Candidates for the licentiateship in Medicine are required to make application to the College according to the form supplied by the registrar, having previously lodged the admission fee, and to produce certificates of having attended courses on Anatomy and Physiology, twelve months, or Anatomy and Physiology, and Institutes of Medicine, six months each; Practical Anatomy and Demonstrations, twelve months; Chemistry, six months; Operating Chemistry, in a recognised laboratory, three months; Materia Medica, six months; Botany and Medical Jurisprudence, three months each; Practice of Medicine and Practice of Surgery, six months each; Midwifery, and Diseases of Women and Children, one course of six months, or two courses of three months each; Practical Midwifery, in a recognised hospital, six months. To have attended a medico-chirurgical hospital, in which regular courses of clinical lectures are delivered, together with clinical instruction, for twenty-seven months, or such hospital for eighteen months, with nine months' attendance on a medical hospital, with similar courses of clinical lectures and clinical instruction; the attendance in each case being for not more than nine months in any year, and the attendance on a medico-chirurgical hospital and medical hospital not being taken out in the same year.

Candidates who are not personally known to any resident Fellow of the College are required to transmit testimonials of character from registered members of the medical profession.

The several courses of lectures are required to have been delivered by the respective Professors of the School of Physic in Ireland, or by other lecturers recognised by the College.

The examination is divided into two parts:—First part, Anatomy, Physiology, Botany, and Chemistry; second part, Materia Medica, Practice of Medicine, Medical Jurisprudence, and Midwifery.

Students may be examined in the subjects of the first part at the termination of the first period of study; or in all the subjects of their education, on the completion of their medical studies.

Before being admitted to the final professional examination, candidates are required to have passed a preliminary examination in Arts.

Students in Arts of one year's standing, of any university in the United Kingdom requiring examinations in the first year, will be exempted from the preliminary examination. (The regulations respecting preliminary examination will come into force January 1st, 1861.)

Candidates qualified as follows are required to undergo the second part of the professional examination only, viz.:—1. Graduates in Medicine of a university in the United Kingdom. 2. Fellows, members, or licentiates of either of the Royal Colleges of Physicians of London or Edinburgh, who have been admitted upon examination. 3. Licentiates in Surgery of five years' standing previous to June 1st, 1859.

All other licentiates in Surgery, whose education has comprised the courses required by the College, will be examined in Botany and Chemistry, in addition to the subjects of the second part of the examination.

Should the President and Fellows not be satisfied with the answering of a candidate, they may admit him to re-examination after a lapse of not less than two months.

If the applicant be a member of an Apothecaries' Company, he must surrender his certificate as an Apothecary previous to examination, and, if admitted, must cease to act as such in any part of the United Kingdom.

Every member of this College who may desire to obtain the licence in Midwifery will be required to undergo a special examination, and, if approved, will receive such licence, and rank as a Practitioner in Midwifery in the authorized lists of the College.

Fee for the licence, £15 15*s.*, which may be divided as follows, viz.:—For examination at the termination of the first period of study, £5 5*s.*; for final examination for the licence £10 10*s.*

Fee for the Midwifery diploma, £3 3*s.*

HOSPITALS AND SCHOOLS FOR SPECIAL MEDICAL INSTRUCTION IN THE METROPOLIS.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—Consulting Physicians: Drs. B. G. Babington and Jeaffreson.—Consulting Surgeon: Mr. Hilton.—Physicians: Drs. T. B. Peacock, J. Risdon Bennett, and Edmund Lloyd Birkett.—Assistant Physician: Dr. G. N. Edwards.—Resident Medical

Officer: Mr. Herbert Thompson.—Secretary: Mr. Richard P. Slater.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Consulting Physicians: Sir J. Forbes, Dr. C. J. B. Williams, and Dr. Walshe.—Physicians: Dr. Hamilton Roe, Dr. Cursham, Dr. Cotton, Dr. Quain, and Dr. Scott Alison.—Assistant Physicians: Dr. Pollock, Dr. Edward Smith, and Dr. J. Burdon Sanderson.—Consulting Surgeon: Mr. Fergusson.—Resident Medical Officer: Mr. Vertue Edwards.

Pupils are admitted to the hospital practice. Fees: for three months, £3 3s.; for six months, £5 5s.; perpetual, £10 10s.

Clinical instruction is given daily by the physicians and assistant physicians. Clinical assistants reside in the hospital. Pupils are eligible to these appointments, which are held for six months.

LONDON FEVER HOSPITAL, Liverpool-road, Islington.—Physicians: Dr. Tweedie and Dr. Southwood Smith.—Assistant Physicians: Dr. Jenner and Dr. Murchison.—Consulting Surgeon: Mr. Lawrence.—Resident Medical Officer: Mr. G. Reed.—Resident Secretary: Mr. Cumming.

SEAMEN'S HOSPITAL, "DREADNOUGHT," off Greenwich.—Physicians: Dr. Barnes, Dr. S. H. Ward.—Surgeons: Mr. Busk, Mr. Tudor.—Assistant Surgeon: Mr. Bedford.—Physicians' Assistant: Mr. Cooke.

GERMAN HOSPITAL, Dalston.—Physicians: Dr. S. Sutro, Tuesday and Friday, at two P.M.; Dr. Hermann Weber, Monday and Thursday, at two P.M.—Surgeon: Mr. de Méric, Wednesday and Saturday, at two P.M.—Hon. Assistant Physician: Dr. George Lichtenberg, Wednesday and Saturday, at two P.M.—Resident Physician: Dr. Julius Baetcke.—Dentist: Mr. D. I. Brenneis, Wednesday, at half-past three P.M.—Cupper: Mr. John Atkinson.—Medical Officers of the Dispensaries: For the East of London: Dr. A. Rasch. For the West-end of London: M. Castañeda, Esq., M.B.

METROPOLITAN FREE HOSPITAL, Devonshire-square, Bishopsgate.—Physicians: Dr. C. T. Richardson, Dr. H. Staveley King, and Dr. Jas. Jones.—Surgeons: E. J. Chance, C. B. Childs, and J. Hutchinson, Esqs.—Dentists: Mr. J. Coleman.—Cupper: Mr. Atkinson.

NATIONAL HOSPITAL FOR THE PARALYSED AND THE EPILEPTIC, 24, Queen-square, Bloomsbury.—Physicians: Dr. C. E. Brown-Séquard, Dr. J. S. Ramskill.—Consulting Surgeon:—Mr. Fergusson.—Honorary Surgeon: Mr. J. Z. Laurence.—House Surgeon: Mr. C. J. Smith.

The hospital contains 20 beds. More than 700 out-patients are now under treatment. The physicians attend every Monday, Tuesday, Wednesday, and Friday. Dr. Brown-Séquard will deliver Clinical Lectures on Epilepsy and Paralysis and other nervous diseases, on every Monday at four o'clock P.M., beginning on October 15th. Medical practitioners and students will be admitted on showing their card.

PHARMACEUTICAL SOCIETY, 17, Bloomsbury-square.—The session of the School of Pharmacy will commence on the 1st of October, and extend to the end of July, 1861. Students can enter at any period during the session.

Lectures on Chemistry and Pharmacy by Dr. Redwood, Tuesday, Wednesday, and Friday mornings at half-past eight o'clock.—*On Botany and Materia Medica* by Professor Bentley, Monday and Saturday mornings at half-past eight. The latter part of this course, occupying the summer months, will be delivered at the Royal Botanic Society's Gardens, Regent's Park. Persons not registered in connexion with the Society will pay a fee of one guinea for attendance at each course (ten months) of lectures.

Students will have the free use of the Society's library and the materia medica collection in the Museum.

The suite of Laboratories, under the direction of Professor Redwood, will be open daily from nine o'clock A.M. until five P.M., excepting Saturday, throughout the session. All necessary materials and the principal part of the apparatus will be provided. Fee for one session of ten months, £30.

Demonstrations in Practical Pharmacy, by Mr. J. C. Braithwaite, on Tuesday and Thursday evenings at eight o'clock. Fee to a three months course, one guinea and a half. Demonstrations in Chemical Analysis, including its special applications to the Detection of Adulterations in Food, Drink, and Medicine, by Mr. C. H. Wood, on Monday and Friday evenings at eight o'clock. Fee to a three months course, one guinea.

The Board of Examiners meet on the third Tuesday in every month, excepting May and September, for granting certificates of qualification to practise pharmacy. Fee for minor examination and registration as an assistant, £5 5s.; for major examination and registration as a pharmaceutical chemist, £10 10s., or if previously registered as an assistant, £5 5s.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone-road.—Consulting Physician: Dr. Roget, F.R.S.—Consulting Surgeon: Charles Hawkins, Esq.—Medical Officers for In-Patients: Dr. Blakeley Brown and Dr. Metcalfe Babington.—Medical Officer for Out-Patients: Joseph Cholmondeley, Esq.

The hospital contains 50 beds. Resident pupils admitted for three months on payment of thirty guineas, including board and lodging.

BRITISH LYING-IN HOSPITAL, Endell-street, Long-acre.—Consulting Physician: Dr. Henry Davies.—Physicians: Dr. J. Clarke and Dr. Grailly Hewitt.—Surgeon: Mr. B. Brookes.—Secretary: Mr. Edwin Phillips.—Matron: Mrs. Clarke.

Gentlemen are admitted as resident pupils for from two to six months on application to the Weekly Board. Fees for two months, £7 7s.; four months, £10 10s.; six months, £12 12s.

Clinical Lectures in Midwifery are delivered periodically by the medical officers.

Female pupils are also admitted into the hospital for systematic instruction in Midwifery.

ROYAL MATERNITY CHARITY, Office, 2, Chatham-place, Blackfriars.—Consulting Physician: Dr. T. L. Blundell.—Physicians: Dr. Hall Davis, Dr. R. Barnes, and Dr. B. Hicks.

Thirty-five midwives are employed.

Average annual number of deliveries, 3677.

ROYAL INFIRMARY FOR WOMEN AND CHILDREN, Waterloo-bridge-road.—Senior Consulting Physician: Dr. Copland.—Consulting Physician (with ordinary duties): Dr. W. Hughes Willshire.—Physicians: Dr. C. Hutton and Dr. W. J. Merriman.—Consulting Surgeon: Mr. W. C. Dendy.—Surgeon: Mr. J. Cooper Forster.—Surgeon Dentist: Mr. Alfred Canton.—Matron: Mrs. Besly.—Resident Medical Officer: Mr. James H. Stedman.

Advanced students in medicine, and such practitioners as may desire it, are permitted to attend the practice of the institution gratis. If a certificate signifying such attendance be required, the sum of five guineas must be paid to the physicians and surgeons in ordinary conjointly.

The house-surgeon is permitted to take apprentices, to whom, with the concurrence of the physicians and surgeons, certificates of attendance on the practice may be conceded without fee.

SCHOOL OF OBSTETRIC MEDICINE, Harley-street, Cavendish-square.—*Summer Session*, 1861.—Dr. Hall Davis, Physician to the Royal Maternity Charity, will deliver his annual course of Lectures on Midwifery and the Diseases of Women and Children, at 11, Harley-street, Cavendish-square. The course will commence with the summer term, and be announced, as hitherto, in April.

HOSPITAL FOR SICK CHILDREN, 49, Great Ormond-street.—Contains 45 beds, and more than 10,000 out-patients are seen annually. Physicians: Dr. West and Dr. Jenner.—Assistant-Physicians: Dr. C. M. Babington, Dr. T. Hillier, and Dr. F. Harris.—Surgeon: Mr. Athol Johnson.—Assistant-Surgeon: Mr. T. Holmes.

The medical officers attend daily at nine o'clock A.M.

Fee, for three months' attendance, £3 3s.; perpetual, £5 5s.

Lectures on the Diseases of Children are given weekly during the winter by the physicians and surgeon. Admission free to students after their first year, on previous written application to the secretary at the hospital.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, Charing-cross.—Surgeons: Mr. H. Hancock, Mr. H. Power, M.B.—Assistant Surgeons: Mr. Jabez Hogg, Mr. S. E. Clarke.—House Surgeon: Mr. James Rouse.

The hospital contains 30 beds, and during the past year 6507 out-patients and 162 in-patients were treated.

The medical officers attend on Mondays, Wednesdays, and Fridays, from one to two o'clock.

Fee for the attendance on the practice and lectures, three months, £3 3s.; perpetual, £5 5s.

The office of house-surgeon is open to the competition of the students attending the hospital.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields.—Consulting Physician: Dr. F. J. Farre.—Physician: Dr. R. Martin.—Consulting Surgeon: Mr. G. W. Mackmurdo.—Surgeons: Mr. J. Dixon, Mr. G. Critchett, Mr. W. Bowman, and Mr. A. Poland.—Assistant Surgeons: Mr. J. C. Wordsworth, Mr. J. F. Streatfield, and Mr. W. J. Hulke.—House-Surgeon: Mr. C. Bader.

ROYAL ORTHOPÆDIC HOSPITAL, 315, Oxford-street.—Surgeons: Mr. R. W. Tamplin, Mr. W. Adams.—Assistant Surgeons: Mr. B. E. Brodhurst, Mr. Holmes Coote.—Apothecary: Mr. H. L. Sequeira. Lectures are regularly given to medical practitioners and students.

THE SPINAL HOSPITAL, Great Portland-street, Regent's-park, for the Treatment of Spinal Distortions, Club-Foot, and all other Bodily Deformities. Instituted 1836.—Consulting-Physician: Dr. Brinton.—Surgeon: T. Carr Jackson, F.R.C.S.

The hospital contains 12 beds, and embraces the whole range of Orthopædic Surgery, the practice of which is open to all qualified practitioners and students of Medicine.

Out-patients are seen Mondays and Fridays at two o'clock.

LOCK HOSPITAL AND ASYLUM, Harrow-road Paddington.—Consulting Physician: Dr. A. Sayer.—Physician: Dr. T. K. Chambers.—Consulting Surgeons: Mr. E. Cutler and Mr. S. Lane.—Surgeons: Mr. H. Lee and Mr. J. R. Lane.—Assistant Surgeons: Mr. Gascoyen and Mr. W. J. Coulson.—House-Surgeon: Mr. A. Beckett.—Matrons: Mrs. Clarkson and Mrs. Hurd.

METROPOLITAN SCHOOL OF DENTAL SCIENCE, 5, Cavendish-square.—Introductory Lecture by Mr. Hulme, on Wednesday, October 10, at 8, P.M. Lectures will be delivered on Dental Surgery by Mr. R. T. Hulme, on Thursdays, at 7, £3 3s.; Anatomy and Physiology, with Demonstrations from the Subject, by Dr. Richardson, on Wednesdays, at 7, £4 4s.; Dental Mechanics, by Mr. W. Perkins, on Thursdays, at 8, £3 3s.; Comparative Anatomy, by Dr. L. I. Cobbold, on Wednesdays, at 7, £1 11s. 6d.; Principles of Surgery, by Mr. T. Spencer Wells, on Thursdays, at 7, £1 11s. 6d.; Chemistry and Metallurgy, by Dr. Bernays, on Wednesdays, at 8, £1 11s. 6d. Hon. Sec. Mr. H. J. Kimpton.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

AMONGST the various subjects bearing on medicine, introduced to the notice of the Academy of Sciences on Monday, the 10th inst., one of the most interesting perhaps at the present moment is a detailed account given by Signor Vella, of Turin, of certain experiments undertaken by him in connexion with the effects of woorara administered to animals after the ingestion of poisonous doses of strychnine. These researches, which seem to have been carefully and conscientiously prosecuted, go a long way to prove that these two drugs, strychnine and woorara, stand one to the other *almost* absolutely in the relative positions of poison and antidote. (The reserve implied by *almost* is necessary, as it will be seen that this neutralizing property possessed by the woorara can be relied on within certain limits only.) The author of the above communication informed the Academy that he was first led to administer woorara in the treatment of tetanus by the consideration of certain experiments by M. Claude Bernard, in which it was clearly established that the physiological effects of this poison on the animal economy were due to paralysis of the motor nerves. For several years past, therefore, Signor Vella has been occupied in investigating the question of the curability of tetanus by woorara. This special therapeutic action clinical observation certainly denies to this agent, and Signor Vella has of late given to his researches a somewhat different direction, and has undertaken ninety-seven fresh experiments, partly with a view to the possibility of rendering the ingestion of strychnine innocuous by subsequent injection into the blood of solutions containing woorara, partly with a view of ascertaining in what proportions and to what extent the two drugs administered *conjointly* could be taken without the poisonous effects of *either* being manifested. In the first class of investigations, then, the animals, generally dogs, were poisoned, or at least made to swallow a dose of strychnine known to be fatal to them under ordinary circumstances, and then small quantities of woorara were from time to time thrown into the jugular vein whenever tetanic symptoms showed themselves, until the toxical effects of the first agent were exhausted, and complete recovery of the animals took place. In the second category, the two poisons were mixed in certain determined proportions, and no effect whatever was produced, and the life of the animal was unaffected. A specimen of each suffices to illustrate Signor Vella's mode of proceeding. In a first experiment, the solution of two-fifths of a grain of hydrochlorate of strychnine in six drachms of distilled water was injected into the stomach of a middle-sized dog fasting, with the effect of producing at the expiration of a quarter of an hour violent tetanic convulsions. A solution of woorara was then thrown into the jugular vein; this produced a temporary cessation of the muscular spasm. When the convulsions returned, the injection was resumed and continued at intervals until a dose of three-fifths of a grain of woorara, dissolved in half an ounce of water, had been taken into the circulation. The whole operation lasted three hours, and at its termination the dog was allowed to run about the laboratory, apparently quite well, and no return of the tetanic symptoms occurred subsequently. Three days were now allowed to elapse, and the same dose of strychnine was exhibited to the same animal, who was then left to his fate, and died sixteen minutes after its administration. In an experiment of the second class, into the jugular vein of a big dog is injected a mixture containing one-thirty-third of a grain of strychnine, and a quarter of a grain of woorara, dissolved in fifteen minims of water, and the operation is followed by no bad result whatever; but on a subsequent injection of the same dose of strychnine, not guarded by woorara, the animal is killed in the space of ten minutes. It has been proved by Signor Piria, a chemist at Turin, that on the mixing together of these two agents no new chemical combination takes place, nor is appreciable alteration noted, the two drugs preserving their individualities indefinitely—a fact which renders their *modus operandi* in the process of mutual neutralization all the more obscure, the natural conclusion at first sight being that their harmlessness when mixed was owing to the formation of a new and insoluble salt.

Did you ever hear of the *Bombyx processionarius?* If not, so much the better; for, according to M. Champouillon, it seems to be a very bad beast, and a most disagreeable acquaintance. It is a caterpillar, wearing a yellow uniform (like a Neapolitan galley-slave), of Druidical tenets, for it lives on, and no doubt worships, the oak. And, as this naturalist observes, "Si avec une gaule très longue on démolit un nid de bombyx;" or, Anglicé, if you stir him up with a long pole, he vindictively projects to a distance, in the direction of the aggressor, a very fine powder of so irritating a nature as to cause a papular eruption on the skin, followed by swelling of the part, and general febrile disturbance, with occasional delirium. A patient seen by M. Champouillon, who had incautiously applied some leaves covered with portions of the nest of a bombyx to that use which it was formerly the special privilege of the *Grub*-street literature alone to fulfil, was in a high fever, with delirium, and presented on the skin of the neighbourhood of the anus a papular eruption, with considerable œdema and tenderness of the surrounding parts. I conclude that this *backbiting* insect must be unknown in our forests. I do not remember any mention of this particular bombyx in Mr. White's account of the Selborne zoological productions. I may as well state that salt-and-water ablutions, and poultices of crushed parsley, are considered by M. Champouillon as being the best applications for removing the irritation produced by the noxious emanations of this *noli me tangere* of the insect world.

REGULATIONS ACTUALLY IN FORCE RELATIVE TO THE FRENCH MEDICAL DEGREE.

Before admission into the Faculty of Medicine, the student who aspires to the French degree must be prepared for his future medical career by preliminary literary and scientific studies. The title of "Docteur en Médecine" or "en Chirurgie" is obtainable only after the due fulfilment of certain conditions. These conditions are: the attainment of the two baccalaureat diplomas, the one in Letters, the other in Sciences; the accomplishment of a fixed number of registrations or inscriptions, as they are termed; and the undergoing of sundry examinations, the last of which includes the Thesis.

The *Grades*, or bachelor degrees, are then of two kinds. That in Letters is required to be obtained previously to the commencement of the regular medical curriculum; and the diploma attesting possession of this distinction has to be produced at the Faculty of Medicine before the first registration

can be effected. The other diploma, that of Bachelor in Sciences, is required to be shown before the third inscription can be accepted. This last is a special diploma, and one only available for the medical career; whereas the degree in Letters is accepted by the other faculties, and none of its subjects are specially medical. The subjects of examination for the degree in Sciences, as required by the Faculty of Medicine, are Physics, Chemistry, and Natural History: the ordinary degree of Bachelor in Sciences includes, besides the above, Mathematics. Up to the date of Nov. 1st, 1861, students already in possession of this grade—namely, the ordinary degree—are, in virtue of a decree of August 23rd, 1858, admitted to register at the Faculty of Medicine without the production of the diploma of Bachelor in Letters.

Inscriptions or Registrations.—The requisite number of these for the degree of Doctor is sixteen. The first is to be effected at the office of the Faculty of Medicine in November (when the scholastic year commences), the second in January, the third in April, and the fourth in July, during the first fortnight in each month; and so on throughout the four years of "scholarité," as it is termed. On effecting his first registration, the student must be provided with his register of baptism; and if a foreigner, this document had better be attested by a magistrate is his usual place of residence, and be countersigned by the consul of his nation accredited at Paris. With regard to age, the candidates for either of the above-mentioned diplomas in Letters or Sciences must be at least sixteen years of age before they are permitted to undergo the necessary examinations; the Faculty of Medicine, therefore, does not reinvestigate the question further than by requiring, if the pupil be a minor, the parents' or guardians' assent to his commencing his studies.

In addition to each registration, the student is required to present himself at the office of the Faculty (*faire acte de présence*) once during the last fortnight of each quarter, under penalty of forfeiting that quarter's registration. The fee paid for each inscription is 30 francs.

Examinations.—At the end of each of the first three years of study, the aspirant to the Doctorate of Medicine or Surgery is required to undergo an examination:—

That of the first year consists of Physics, Chemistry, and Natural History, in their medical application; Elementary Human Anatomy—bones, joints, and muscles; Elementary Physiology.

That of the second year consists of Anatomy and Physiology.

That of the third year consists of Internal and External Pathology.

These annual examinations take place in the summer-time, during the last fortnight in July. The fee on each occasion is 30 fr.

No student can obtain the grade of Doctor unless he shall have attended, either in the capacity of out-door dresser, clinical clerk (externe), or as "élève stagiaire" (supernumerary), the service of an hospital. The hospital attendance becomes obligatory after the eighth registration; and at the ninth, tenth, eleventh, and twelfth, (that is, during a period of one year,) the pupil is required to produce a certificate proving compliance with this regulation, signed by the medical officers, and countersigned by the director, of the hospital in which the practice has been attended.

In addition and subsequent to these three annual examinations, there are five others, termed "de fin d'études," or final examinations. The subjects of them are—

1. Anatomy, with dissections on the dead body; Physiology.
2. Internal and External Pathology, with operations.
3. Medical Natural History; Medical Physics; Organic Chemistry and Pharmacy.
4. Hygienic Medicine; Forensic Medicine; Materia Medica and Therapeutics.
5. Obstetrics; Clinical Medicine and Surgery;—and according to the quality of the degree desired by the candidate, so the examination is more specially on the one or other of the latter subjects.

These examinations can be undergone only at the expiration of the fourth year, and after all the rules affecting the sixteen inscriptions or registrations have been strictly complied with. The fee for each is 50 francs, with an extra 40 francs for the certificate of aptitude.

Thesis.—This consists in a printed dissertation on a subject selected by the candidate himself, which may be either medical or surgical, according to the quality of degree desired. The dissertation is to be defended and argued upon by the candidate—its author, and is criticized and commented on by a Professor specially appointed for its examination. After the successful defence of the thesis, the diploma is granted. The fees on the occasion are, for the thesis, 100 francs; for the diploma, 100 francs; and for the final certificate of aptitude, 40 francs. The total of the fees paid are consequently—sixteen inscriptions at 30 frs. each, 480 frs.; three annual examinations at 30 frs. each, 90 frs.; five final examinations at 50 frs. each, 250 frs.; five certificates of aptitude at 40 frs. each, 200 frs.; thesis, 100 frs.; certificate of aptitude, 40 frs.; diploma, 100 frs.—total, 1260 frs.; or, in English money, £50 8s. 4d.

Hospital Appointments.—The out-dresserships and clinical clerkships are termed *externats;* and the in-door hospital offices, corresponding to our in-dresserships, house-surgeons, and resident physicians' appointments, are termed *internats.* They are obtained by public competition, and are open to all the students of the Faculty, foreigners as well as Frenchmen, who shall have complied with the requisite conditions. In the case of the former class of appointments, the candidate must have attained the age of eighteen; he must have been vaccinated, be able to furnish a certificate of morality and good conduct, signed by a magistrate, and prove that he had effected at least one registration. The *externat* lasts for three years; the number of these appointments is, in the case of the Paris hospitals, limited to 150, and the successful candidate is obliged to accept the post assigned to him. The *internat,* which requires for its attainment, besides a severe examination, the having previously filled the junior office just mentioned, is limited in duration to two years, but is sometimes prolonged for an additional twelvemonth at the prayer of the office-holder; and, in the case of a gold medalist, this period of extension is increased to two years. A small salary is attached to the latter appointment: it is £16 for the first year, and £20 for the ensuing ones. Lodging is also afforded within the hospitals to the internes, and board during their period of active service.

A Doctor in Medicine who may wish to obtain the same degree in Surgery, or the Doctor in Surgery who wishes to acquire the same title in Medicine, is required to submit a second time to the fifth final examination, and to defend a second thesis on a surgical or medical subject. The fees for this new degree are—for the fifth examination, 50 frs.; for the certificate of aptitude, 40 frs.; for the thesis, 100 frs.; for the certificate of aptitude, 40 frs.; for the diploma, 100 frs.: total, 330 frs.

An Englishman, desirous of obtaining the right of practising in France, will find that the *readiest* mode of so doing is to submit to the examinations and other regulations necessary for the acquisition of the title of "Officier de Santé." This diploma, with a good English degree, is fully worth the French Doctorate.

For the attainment of the diploma of Officier de Santé, the following are the rules to be observed:—Twelve inscriptions, at three months' interval between each, are necessary; the passing of an examination in French, Latin, and Greek, as regards both grammar and history; and three medical examinations, whereof one is in General Anatomy and the elements of Physiology, a second in internal and external Pathology and Obstetrics, and a third in Clinical Medicine and Surgery, Therapeutics, and Materia Medica; the whole ending with a written composition on a question drawn by lot out of a certain number previously decided on by a jury. The cost of this diploma is 840 frs., or less than £34. Unless the applicant for licence to practise here be able to establish, as it is technically termed, an equivalence of grade between his own diploma and that of the Faculty, (and this is hardly ever admitted now-a-days,) the whole of the examinations exacted for the degree of Doctor, except the three annual ones, will have to be undergone; and even this boon—for such it is considered—is only obtainable by interest with the Minister of Public Instruction, or accorded as a return for signal services rendered to the French nation. The granting of the "équivalence de grade" by special decree is so rare, that, so far as I can learn, only fourteen cases have occurred in which this has been allowed since the year 1815; and out of the fourteen only three (Dr. Verity, Dr. Crawford, and Mr. Chepmell) were Englishmen.

Paris, Sept. 17th, 1860.

INTERNATIONAL CHEMICAL CONGRESS.—This Congress of Chemists, which met at Carlsruhe on the morning of September 3rd, will doubtless publish the results of its deliberations at a later period. The main subject of debate was the determination of the best method of expressing the composition of chemical substances in the symbolic notation. About 140 chemists were present, coming from all quarters of the globe; the majority were Germans.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

September 13th and 20th, 1860.

Bennett, Charles Henry, College House, Hammersmith.
Bennett, George John, Gateshead-on-Tyne.
Taylor, Daniel, Bury, Lancashire.

The following gentlemen also on the same days passed their first examination:—

Barker, Elijah, Sheffield.
Barham, Herbert Frederic Henry, Maidstone.
Beck, William Reginald, Great Russell-street, Bloomsbury.
Gale, Henry Stanley, High Holborn.
Holman, Henry, Crediton, Devon.
Hughes, William Hugh, Warrington, Lancashire.
Iliffe, Robert, Coventry.
Pitt, William, Willenhall, Staffordshire.

ROYAL COLLEGE OF SURGEONS, EDINBURGH. — The following gentlemen, having finished the course of examinations, were admitted Licentiates of the above College during the recent sittings of the Examiners:—

Goldie, William, Lanarkshire.
Hudson, Robinson, Sunderland.
Mackie, James, Aberdeenshire.
Milne, Alexander,* Forfarshire.
Rayner, John, Warwickshire.
Selby, Robert Bird, Portobello.
Wallace, Robert,* Cape of Good Hope.
Watt, James, Aberdeen.
Ullathorne, John, Darlington.
Young, David M'Cheyne,* Kelso.

APPOINTMENT.—Mr. C. F. Maunder has been elected fourth Assistant-Surgeon to the London Hospital.

A NEW CORONER'S COURT, provided by the Corporation, has been recently opened in Liverpool.

THE first medical charity of South Africa supported by voluntary contributions is about to be established in the shape of a dispensary at Cape Town for the relief of the sick poor.

AMONGST the staff of the Papal Irish Brigade are returned the names of Nicholas G. Whyte, M.D., Surgeon, and Phillip O'Flynn, M.D., Assistant-Surgeon.

A SEAT AT ST. GEORGE'S.—In front of St. George's Hospital, Hyde-park-corner, a seat for tired pedestrians, within a railed space, has been conveniently placed, and is much used.

HOSPITAL RAGS.—Thrift has reached such perfection at Calcutta that, as stated by the *Friend of India*, "even hospital rags are now washed, and sold by tenders to the paper manufacturers."

MEDICAL BENEVOLENCE.—We hear that the Council of the Medical Benevolent Fund—as the result of their direct appeal to the profession for aid in place of the biennial dinner—have obtained in answer to their call, after paying all the expenses, the handsome sum of £350.

DEATH OF DR. ROSCHER.—Dr. Roscher, one of the most enterprising of African explorers, has been attacked in the night by two natives, at one of the large inland lakes in the western part of Zanzibar, and killed in his bed by a poisoned arrow. The murderers have been brought to justice.

RECENTLY, Daniel de la Cherois Gourlay, physician, was indicted for a breach of trust, as executor, in misusing money belonging to the widow of a testator. He was convicted, and sentenced to six months' imprisonment. "A most unjust sentence, my Lord and Jury," said the convict.

ESSEX AND COLCHESTER HOSPITAL.—A most suitable gift has just been made to this institution, through the forethought and exertion of Mr. Caddell, of St. Peter's Vicarage. It consists of 200 volumes of books, which will be issued to the patients under the direction of the Committee of Management.

A PUBLIC GYMNASIUM, with all the necessary hygienic apparatus, has been presented to the city of Glasgow by Mr. David Fleming, of Manchester, and was last week formally handed over to the Lord Provost and the magistrates of the city, and thrown open to the public.

THE SANITARY STATE OF THE WEST INDIA ISLANDS.—The accounts lately received by the *Shannon* represent these islands to be generally healthy. There has been some fever at St. Vincent's, and also at Belsize, but not resulting in many deaths. St. Thomas is very healthy for the season of the year.

* These gentlemen also obtained the diploma of the Royal College of Physicians.

SOUTH STAFFORDSHIRE HOSPITAL.—On the 12th inst. a general board of governors of this charity was held at the hospital. The Secretary (Mr. Smith) read a letter from Dr. Topham, resigning his office as physician.—Mr. Fowler moved the following resolution: "That this Board, in accepting the resignation of Dr. Topham as one of the physicians of this hospital, desire to express their sympathy with him under the circumstances which have deprived the institution of his valuable services, and at the same time to record their high sense of the distinguished ability with which he has discharged the onerous duties of his office, and to offer him their most grateful thanks for his long and faithful services. That Dr. Topham be appointed Consulting Physician to the South Staffordshire General Hospital." In a brief but excellent speech, Mr. Fowler hoped that the resolution would not be considered as a mere formal proposition, and said that the Board would feel that he was not going beyond what was proper in urging the vote of thanks in rather strong terms, when they recollected that Dr. Topham had served the institution from its foundation in 1849, and served it well, and that the cause of his leaving it was not from any difference of opinion between himself and the other officers of the institution, nor from any circumstance that the Board might regret as affecting the harmony which subsisted in the institution, but that it was owing to a cause which they must all deeply lament—namely, Dr. Topham's personal ill-health. It was a remarkable feature of modern civilization that the poor in time of sickness were able to get the best medical skill, and the debt that was owing to the medical gentlemen on this account should never be forgotten. It was an easy thing for a gentleman to subscribe towards a charitable institution, or to devote himself to its regulation; but it seemed to him to be the noblest charity that could be conceived for gentlemen whose professional ability was really their living, and whose time was almost more valuable than money, to devote their time and professional knowledge without reward to the service of the poor. As to Dr. Topham's retirement from his office, it was not only a misfortune for the hospital, but also a town's loss. The Board deeply regretted it; but if they carried the resolution there would still exist a tie of friendship between Dr. Topham and the hospital, and at times it would receive the benefit of his valuable aid.—Mr. W. H. Rogers, in seconding the resolution, said he had been connected with the hospital a little longer than Mr. Fowler had, and he could truly say that he did not think any man had ever been connected with an institution of the kind who had done his duty more faithfully to the patients, or worked more cordially with the board of directors, than Dr. Topham. He would not allude to bygone days, lest he should remind them of some unpleasantness that once took place; but he might say, there was a time in particular when Dr. Topham, by the great cordiality with which he supported the Board, rendered very essential service. He could assure the meeting that he never seconded a resolution with more cordiality than the one now before them.—Mr. Cartwright also bore testimony to the great value of the services which Dr. Topham had rendered to the hospital.—The resolution was then put and carried.

MEDICAL DIARY OF THE WEEK.

MONDAY, Oct. 1	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
TUESDAY, Oct. 2	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEDNESDAY, Oct. 3	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M. HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. Mr. Hutchinson, "On Cancer as a Local Disease." OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Tilbury Fox, "On the Pathological Lesion of Phlegmasia Dolens."—Short papers by Drs. R. U. West, Battye, &c.
THURSDAY, Oct. 4	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
FRIDAY, Oct. 5	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
SATURDAY, Oct. 6	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

MEDICAL EDUCATION.—(LETTER FROM DR. FRANCIS HAWKINS.)

THE following letter has reference to a subject most important to students:—

"20th August, 1860.

"SIR,—I cannot answer your inquiries more definitely than by saying that professional study is considered to commence with the first entrance and *attendance* at a recognised hospital or medical school. Apprenticeship or pupilage is not of itself professional study. All students, therefore, who do not enter and *attend* at a medical school or hospital during the ensuing session 1860-61 will be obliged to conform to all the regulations of the Medical Council, which will come into operation before the commencement of the following medical session 1861-62—i. e., they must pass an examination in general education, must then be registered by one or more of the bodies named in Schedule (A) of the Medical Act, and afterwards pursue professional studies during at least four years.—I am, Sir, your obedient servant,

"———." "FRAS. HAWKINS.

A. Z.—We are in constant communication with the conductors of the leading medical papers of Paris, such as the *Gazette Médicale*, *L'Union Médicale*, *Le Bulletin Général de Thérapeutique*, &c.; but none of them can be said actually to *correspond* with this journal. British surgeons may be successful in France in general practice (which latter does not include pharmacy), provided such surgeons obtain from the Secretary for the Home Department permission to practise. Of course, a British surgeon would principally depend on his own countrymen in his endeavours to get patients. Our correspondent is correct in thinking that French doctors do not dispense their own medicine. As to any suggestion on our part to an English medical man who wishes to live in France, we would only repeat what we said just now—viz., that he must make choice of a locality where a good many English people are settled, or are constant visitors. For information respecting the Paris schools, we refer "A. Z." to p. 321 of the present number of THE LANCET. M. Baillière, of Regent-street, publishes a little book called "Guide de l'Etudiant en Médecine," wherein every information will be found.

Mr. Joseph Reed.—The case of "Tetanus and its Treatment by Liq. Potassæ" will be inserted in an early number of THE LANCET.

Dr. J. R. Wardell.—Attention shall be paid to the request.

A Village Practitioner.—1. It is in the power of the guardians to elect B.; but it is probable that the Poor-law Board would not sanction the election.—2. Legally, A. is the only eligible candidate.—3. The guardians can compel his election annually.

Mr. H. Jones.—The communication was received, and shall be published.

F. W. H.—It is not yet determined; but it would probably be deemed sufficient.

THE TREATMENT OF ACNE.

To the Editor of THE LANCET.

SIR,—I venture to give my opinion to your correspondent, "L.S.A.," who asks advice upon the subject of acne. I believe it is generally more troublesome and painful when the stomach contains *too* much acid; for I have found ten-grain doses of bicarbonate of potash three times a day in a tumbler of cold water give great relief to the sufferer, applying at the same time cream locally. I find it also desirable to attend to the liver and bowels, and for this purpose I give three grains of blue pill and seven grains of compound rhubarb pill at bed-time once or twice a week.

For further information upon the subject of acne, I would advise "L.S.A." to read Mr. Hardy's "Treatment of Acne," published in the French *Journal of Medicine* for August, 1860, Art. 5873, edited by H. Chaillou, M.D.

I am, Sir, yours truly,

Tottenham, Sept. 1860. GEORGE SELWYN MORRIS, M.R.C.S.

To the Editor of THE LANCET.

SIR,—In reply to "L.S.A.," who states that he has tried various remedies, both local and constitutional, in the treatment of acne punctata with no marked success, I would beg to suggest his trying the administration of the following prescription, which I remember my late clinical teacher, Dr. Gull, used with much benefit to his out-patients at Guy's Hospital:—Sulphate of iron, one grain; sulphate of magnesia, one drachm; dilute sulphuric acid, fifteen minims; pimenta water, one ounce: three times a day. The local treatment consisting in squeezing out the secretion daily, and washing the skin well with Castile soap and warm water, and followed by friction with a dry towel. If there be any pustules, they may be lightly touched with nitric oxyde of mercury ointment every night. Hoping these few remarks may prove useful to your correspondent,

I remain, Sir, yours truly,

Birmingham, Sept. 1860. JOHN CANDY, M.R.C.S.

L. R. Coll. of Phys. Edin. and L.S.A.—The question has never yet been satisfactorily decided. An apothecary sued the executors of a patient in the County Court for attendance in a surgical case. The patient suffered from disease of the prostate gland, and the use of the catheter was frequently required. It was for this attendance that the action was brought. The plaintiff was nonsuited on the ground that he was not a member of a College of Surgeons. The plaintiff subsequently informed us that he intended to bring the case before the superior courts, but we believe that he has not done so. The question, therefore, remains *in statu quo*.

A Medical Man.—Dixon's work on the Eye.

An Old Subscriber since 1829 would oblige by forwarding to us his name in confidence, and by furnishing us with proofs of his assertions. If these are found to be sufficient to establish that Dr. R. and Dr. J. are one and the same person, due notice shall be taken of the fact.

Dr. Maurice G. Evans.—Fleetwood Churchill's, Tanner's, or Simpson's.

Enquirer.—Harvey's works were published by the late Sydenham Society.

Mr. Charles Thomson, (Liverpool.)—The communication is not suited to the pages of THE LANCET.

Mr. E. B. Smith.—The paragraph shall be inserted. There is no charge.

Mr. Lloyd, (Chulmleigh.)—We cannot afford space for the insertion of the report of the trial, in which Mr. Tidboald was the defendant. Mr. Tidboald has been subjected not only to great hardship, but to a grave injustice. It was undoubtedly his duty, both to the profession and the public, to resist the demand which was made upon him. The mode in which the trial terminated was a sufficient proof that both the judge and the jury were of opinion that the action ought never to have been brought; and although Mr. Tidboald may have been unfortunately subjected to considerable loss and annoyance, his justly high reputation is not only maintained, but has been elevated by the result. Mr. Tidboald will receive not only the sympathy, but the approbation of his professional brethren for the services which he has rendered them by his late conduct.

Mr. L. Jackson, (Halifax.)—It is probable that allowances will be made in the forthcoming examination for gentlemen similarly situated to our correspondent.

Ignoramus will find a full description, under the article "Ileus," of the "Iliac passion" in Dunglison's "Dictionary of Medical Science."

L. W. cannot abuse the author.

Mr. L. Ash will oblige us by forwarding the paper.

Capt. F. A. Hardy.—It is contrary to our custom to insert a communication of the nature forwarded to us. We will, however, make some inquiries into the subject.

ON SYPHILIZATION.

To the Editor of THE LANCET.

SIR,—I beg to thank you for having kindly inserted my letter on Syphilization on the 9th of June last, and venture to observe that a slight error should be rectified. Instead of *my* work on Syphilization, it should be *any* work, &c. I have not written any book on the subject, and I owe it to my colleague, Dr. Boeck, to request the above-mentioned rectification, as he has published several works on Syphilization. I have never inoculated the matter from chancre with a therapeutic purpose, except on a child, which eventually died; my experiments having principally reference to comparing the immunity resulting from vaccination with the immunity or effects of numerous inoculations of the matter of chancre. Your obedient servant,

Christiania, Sept. 1860. F. C. FAYE, M.D.

An Anxious Apprentice, (Liverpool.)—1. The preliminary examination is compulsory on all gentlemen who commence their apprenticeship on or after August 1st, 1858, unless they shall have passed the middle-class examination of Oxford or Cambridge, or the matriculation examination of the University of London.—2. He would come under the provisions of the new Act.—3. Of any bookseller, price 8*d*.

Mr. J. P. Gray (Northampton) is thanked for his report, which appears at page 309. We shall be happy to publish any future reports.

A Public Vaccinator.—There is no penalty in either case.

D. L. W.—The address of Messrs. Negretti and Zambra is 107, High Holborn, corner of Hatton-garden.

Dr. R. H. Bakewell.—The case shall be inserted.

Denbigh.—1. Gray's Anatomy.—2. Four shillings and sixpence.

Mr. H. J. shall receive a private note.

Mr. H. M. Rowland.—No charge is made for such announcements.

A Subscriber.—The thing speaks for itself.

R. P. J. will find in the present LANCET the regulations to be observed for the acquirement of the diploma of M.D. at the University of St. Andrews.

ACUPUNCTURE AND ASCITES.

To the Editor of THE LANCET.

SIR,—Will some of your obliging correspondents favour me with the results of their practice of acupuncture in ascites, and of the best mode of performing the operation?

I am, Sir, yours very truly,

September, 1860. TROCAR.

A Subscriber, (Cirencester.)—As to the law of evidence, probably the works of Starkie and Foster. Those of Sewell and Baker give the best accounts of the duties connected with the office of coroner.

Mr. M. Burke Gallwey's communication, "On Sanguineous Meningeal Effusion," is unavoidably postponed until next week.

Mr. A. G. Gerrard.—"Diarrhœmia" is a term used by Simon to express "fat in the blood."

Mr. R. C. Buck can obtain the information desired of Messrs. Isaac Campbell and Co., 71, Jermyn-street.

Francis.—The case shall appear in an early number.

ERRATUM.—At page 301 of the Students' Number of THE LANCET, instead of the heading "University and King's College, Aberdeen," it should have been "University of Aberdeen." King's and Marischal Colleges, with their hitherto separate medical schools, have now been united and merged into the University of Aberdeen by Act of Parliament.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Grally Hewitt; Mr. Hancock; Dr. J. E. Smyth; Mr. Faulkner; Rev. C. Robins; Mr. E. B. Smith; Dr. A. L. Meissner; Mr. L. Jackson; Dr. Moffat; Mr. Rowland; Dr. Davenish; Mr. J. Mitchell; Mr. Griffith Griffith; Dr. Macgregor; Mr. John P. Cooper; Mr. Best; Mr. Pye Chavasse; Mr. N. Campbell; Mr. A. G. Gerrard; Mr. John Barr Brown; Mr. J. P. Streatfield; Mr. R. O'Conor; Dr. C. J. Hare; Mr. C. Thomson, Liverpool; Mr. C. J. Meadows, (with enclosure;) Dr. Livy; Mr. W. W. Lloyd, Birmingham; Dr. Gaff, (with enclosure;) Mr. Irving, (with enclosure;) Mr. Taylor, Bradford; Mr. Elser, (with enclosure;) Mr. Mumford, (with enclosure;) Mr. Furse, (with enclosure;) Mr. Mason, (with enclosure;) Dr. Herapath; Dr. Montgomery, (with enclosure;) Mr. Brockwell, (with enclosure;) Mr. Willis, (with enclosure;) A., (with enclosure;) D. E. P.; Ford, (with enclosure;) J. W. H., (with enclosure;) C. K.; L. W.; Ignoramus; H. J.; Spes; Bolus; &c. &c.